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HITCHIN RURAL DISTRICT COUNCIL

Annual Report  
of the  
Medical Officer of Health  
for the year  
1966

including the  
REPORT OF THE  
CHIEF PUBLIC HEALTH INSPECTOR



# CONTENTS

	PAGES
MEMBERS OF HEALTH COMMITTEE ... ..	5
PREFACE ... ..	6
SECTION "A"	
Statistics of the Area ... ..	11
SECTION "B"	
General Provision of Health Services in the Urban District ... ..	29
SECTIONS "C," "D" AND "E"	
Sanitary Circumstances of the Area ... ..	52
Housing ... ..	59
Food Hygiene ... ..	59
Factories, Offices and Shops, etc. ... ..	61
SECTION "F"	
Prevalence of, and Control over, Infectious and Other Diseases ... ..	62



# HITCHIN RURAL DISTRICT COUNCIL

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*Members as at 31st December, 1966—*

*Chairman of the Council:*

COUNCILLOR THE REVEREND W. G. WILSON

*Chairman of the Public Health Committee:*

COUNCILLOR C. M. FORDHAM

*Vice-Chairman:* MR J. J. A. CRUMPHOLT

J. BLADON

THE HON. LADY BOWES LYON

THE HON. BARON DIMSDALE

LT.-COL. H. W. FAURE WALKER

E. P. GROSSE

A. H. E. HOLIDAY

R. A. LODGE

MRS E. A. MACLEOD

G. W. PIGGOTT

D. L. G. RICHARDSON

MRS P. M. SEEBOHM

THE REV. W. G. WILSON

E. STONE

I. O. WREN

*Medical Officer of Health:*

JAMES D. HALL, M.R.C.S.(ENG.), L.R.C.P.(LOND.), D.P.H.

*Chief Public Health Inspector:*

WILLIAM M. MATHEWS, Certs. Joint Board  
Meat and Foods  
Sanitary Science  
Smoke Inspection

*Additional Inspectors:*

R. B. BOLT, Certs. Joint Board, Testamur of Inst. of Public  
Cleaving

L. G. STRIBLEY, Certs. Joint Board, Meat and Foods

## PREFACE

PUBLIC HEALTH DEPARTMENT  
COUNCIL OFFICES  
GRAMMAR SCHOOL WALK  
HITCHIN

*To the Chairman and Members of  
Hitchin Rural District Council*

MR CHAIRMAN, LADIES AND GENTLEMEN,

I include in this annual report of the health of your district details of the County Council health and school health services.

I would acknowledge in this preface my debt to Dr Walker who retired in May 1966. Some of the work, therefore, in this report was carried out under his direction.

The population showed a natural increase of 43 and an overall increase of 220 according to the Registrar General's estimate of the resident population for mid-1966.

There were again no maternal deaths in the district.

Four infant deaths were recorded from a total of 380 live births, 19 of which were premature. Two infants died from respiratory infections, one from cerebral haemorrhage, and one from anoxia due to prematurity. Two of the deaths were in infants under the age of one week. Three of the babies were born in hospital and two died in hospital.

The maternal mortality rate was 0.00.

The infant mortality rate (deaths under one year of age per 1,000 live births) was 10.5 (Hertfordshire 13.9, England and Wales 19.0), mean of the North Hertfordshire division 11.6. The infant mortality rate was therefore most satisfactory.

The corrected birth rate was 17.5, slightly in excess for that of the remainder of Hertfordshire (16.3).

The corrected death rate was 10.1, identical with the remainder of Hertfordshire (10.1).

The total deaths were 237, of which 86 were due to diseases of the heart and blood vessels, 51 to cancer of various sites, 35 to vascular lesions of the nervous system and 25 to diseases of the respiratory system. These correspond to rates of 3.64, 2.20, 1.48 and 1.05. All these rates are slightly in excess of those for the remainder of the division, and with the exception of the rates for respiratory diseases, in excess of the remainder of Hertfordshire. The differences however are not statistically significant and the position is generally satisfactory. These deaths follow the general ranking order for the remainder of Hertfordshire, and for England and Wales as a whole, the commonest causes of death in descending order being as follows: heart and circulatory diseases, cancer, vascular lesions of the nervous system and respiratory diseases.



There was one death from tuberculosis and three deaths were recorded from other infective and parasitic diseases.

There were three deaths from motor vehicle accidents and five deaths from accidents of other types.

There were 22 illegitimate births with one death.

I include in Section A—Environmental Circumstances of the Area—a most interesting and informative report most kindly supplied to me by Mr Ronald Walker, Engineer and Surveyor to your Council, of the present and future sewerage programmes. Mr Walker notes on the delays and difficulties which are experienced in schemes of this kind, not least of these being the constantly rising costs, staffing resources of the Council and the present “freeze” on Council expenditure. There is no doubt that plans for the provision of main sewerage for the whole of the Hitchin Rural District is being most energetically pursued and that this is a public health measure of paramount importance.

The Cleansing Services gave some anxiety during the year, particularly in regard to staffing. The quantities of paper and cardboard materials for salvage were lower than expected. A sum however of £804 14s. 6d. was obtained by the sale of such material during the year. Cesspool emptying continued to keep two vehicles busy during 1966.

During 1966 about thirty abandoned scrap vehicles were disposed of and this problem becomes greater each year. It was possible to achieve this service however without cost to your Council, by using the services of a local scrap dealer.

Some trouble was experienced during the year with colonies of itinerant dealers and some gypsies. In one instance public outcry resulted. The problem of removal of such people is not always eased by the well-meaning encouragement given to them by sympathisers. There is no doubt that collections of itinerant scrap-metal dealers living under primitive conditions in close proximity to houses, presents a not inconsiderable public health problem; and the solution lies not in their encouragement to live as they wish but in the provision of well controlled and organised sites.

Measles is now the commonest infectious disease of childhood. Although it only rarely produces deaths it is responsible for much school absence and in certain cases is followed by complications which may be long lasting. Vaccination against measles became possible following the isolation of the measles virus and the development of an attenuated strain. The early vaccine made from this strain was accompanied by rashes and a rise of temperature in many cases. Further vaccines have been produced which would appear not to have these side effects, and the possibility of measles vaccination on a wide scale now exists. Discussions as to its use are still taking place, but it would appear that after further trials, measles vaccination may become a routine part of the childhood immunisation and vaccination programme.

The Health Visitors, District Nurses and Midwives are now attached to family doctors. It is hoped that this attachment will be to the benefit of the community in creating a better understanding of the latter's needs. The closer association of both hospital and general practitioner services with the local authorities has been a welcome development over the past few years. The suspicion with which many family doctors in the past regarded the establishment of Health Centres would appear to be disappearing, and during the year plans were formulated to establish a group of general practitioners in a new clinic to be built in the area. There is no doubt that the trend in the health services as a whole is to the ever closer co-operation between its three main branches.

A case of paralytic poliomyelitis occurred at the end of July in the divisional area. Forty-six contacts were traced and all were given oral vaccine and kept under surveillance by the health visitors. Several of the contacts were resident in London and other areas outside the county, and their medical officers of health were informed. No further cases have occurred.

During this outbreak certain members of the public became unduly alarmed, and use of the swimming baths was questioned: such recreation is not contra-indicated in the minor epidemics of poliomyelitis.

Clinical surveillance of poliomyelitis contacts is the most important single measure in controlling an outbreak; the giving of oral vaccine is unlikely to affect the course of an epidemic of a disease in which the incubation period is variable and may be extremely short. The closure of swimming baths, cinemas, schools, etc., in general serves no purpose.

During 1966 cervical cytology clinics were established in the division. The public responded to such an extent that in certain areas waiting lists for appointments were as long as four months. The number of clinics that can be established for this purpose are limited by the availability of medical staffs and by the number of smears that the hospital can examine. Medical recruitment to the Public Health Service has for some time presented a problem which is not easing. It should be remembered also that the medical officers carrying out this work require special training.

No cases of cervical cancer were detected during the year, although three smears necessitated re-testing.

In the period September to December 1966, two deaths from leptospirosis (Weil's Syndrome) occurred in a one-mile area of North-West Hertfordshire. Both were in men of late middle age, and both were farm labourers. Their deaths were due to infection by a bacterium *leptospira*, a genus of the Order *Spirochaetales*.

In January 1967 two further suspected cases were reported, one in the same area as the two deaths and one three miles to the north. These cases recovered and blood tests showed no conclusive evidence of active infection.

Leptospirosis is one of the zoonoses, a group of diseases naturally transmitted between vertebrate animals, into which animal cycle man intrudes incidentally. The death rate in man from this disease varies between 10-30 per cent, a rate greatly higher than, for example, typhoid fever and equal to that of smallpox, and is dependent on such factors as the dose of infection, the virulence of the particular strain of infecting leptospira, the resistance and immunity of the infectee, and the latter's age and general state of health.

Although many different animals are hosts (vectors) of leptospira, outbreaks of Weil's Syndrome in man are almost invariably associated with the common brown rat (*rattus norvegicus*), infection being transmitted by rats' urine to food, soil, water and then to man.

An abnormally high infestation of rats in every district of North Hertfordshire was known since the first death, and the second death occurred in spite of the concentration of all resources upon rat destruction. Higher infestations elsewhere in England have been reported to me by the Ministry of Agriculture, but this area was unique in its two deaths within a confined area.

It remained, therefore, to confirm the hypothesis that within a circumscribed area an epidemic of leptospirosis was present in the rats themselves and that elsewhere in the county the condition was a quiescent or endemic one in those animals. It remained also to discover whether, in fact, undiagnosed cases had occurred elsewhere.

To test this possibility live rats were trapped in random areas of Baldock, Letchworth, Royston, Stevenage, and the areas of Hitchin Rural District surrounding those towns and examined for the presence of live leptospira. The tested rats were positive and were heavy excretors of leptospira. Enquiries were made throughout North Hertfordshire to discover missed cases of leptospirosis; none were found.

It is not possible therefore to explain the misfortune of the two isolated deaths. It may be presumed, however, that both received a particularly heavy dose of infection with a virulent strain of leptospira.

The public were asked in a special Press release to take the following precautions:

1. House surrounds, gardens and out-buildings to be kept tidy, clean, and swept. All accumulations of rubbish likely to harbour rats to be destroyed.
2. No food remnants to be placed in open dustbins and no food to be thrown on the ground for birds or pets.
3. Agricultural workers and gardeners to take special care not to eat any food after work without washing and scrubbing the hands. Water from ponds, ditches, surface springs, etc., not to be drunk or allowed to come into contact with a wound, and all cuts, etc., to be covered. The washing of gumboots, etc., to be performed with mains supply water only.

4. The hands to be thoroughly washed after contact with any animal; dead rats not to be picked up with ungloved hands and the presence of rats to be reported to the public health department.

A tribute must be paid to the editors of the local newspapers for the most valuable co-operation I was given at this time.

There is no doubt that rat infestation throughout England is now a bigger problem than ever before. Numbers of rats in 1966 were known by the Ministry of Agriculture to have reached alarming proportions. Significant factors are diminishing numbers of rat predators, for example hawks, falcons, polecats, stoats and weasels; ample food supplies in the fields due to combine harvesting methods, and, regrettably, in certain areas a lack of attention paid by farmers to rat eradication. In this area, for example, infestation of a stretch of the Great North Road, which must have been apparent to road workers and farmers, was not reported to any public health authority, and was revealed only by a personal visit by a chief public health inspector.

It is quite impossible for any medical officer of health or public health inspector to control rats without the co-operation of such members of the public as farmers. I am, however, grateful for the large number of cases of rats reported to me by ordinary inhabitants of the area and this help was of fundamental importance.

I would endorse the remarks of the chief public health inspector of Hitchin Rural District.

I wish to record my thanks to Mr Mathews, Chief Public Health Inspector, for his work and co-operation during the year. I am most grateful for the help I received on my arrival to take up my appointment. In this short preface it is not possible to mention all those members of the medical and administrative staffs, both of your district and of the County Council, whose efforts I have so greatly appreciated. My thanks are particularly due to the staff of the Divisional Health Office who have made the preparation of this report possible.

I remain,

Your obedient servant,

J. D. HALL,  
*Medical Officer of Health.*

Divisional Health Office  
Bedford Road, Hitchin, Hertfordshire  
(Tel. No.: Hitchin 50411)



## SECTION "A"

### NATURAL AND SOCIAL CONDITIONS OF THE AREA

#### (a) GENERAL STATISTICS

Area (in acres) ... ..	81,324
Registrar General's estimate of Resident Population Mid-1966 ...	23,590
Number of inhabited houses at 31st December, 1966 ... ..	8,042
Rateable Value ... ..	£832,672
Net product of 1d. rate ... ..	£3,387

#### (b) PHYSICAL AND SOCIAL CONDITIONS

The Registrar General's estimate of resident population for mid-1966 reveals an overall increase of 220. Natural increase of population, i.e. excess of births over deaths for the year, was 43.

The number of dwelling houses increased by 311, 100 new houses were completed by the local authority, and 155 by private enterprise. Thirty-two old persons' flatlets were under construction at Codicote. Fifty-six prewar council houses at Codicote and Cockernhoe were modernised. Forty-four improvement grants were approved in respect of private houses.

The inhabitants of the district, many of whom travel considerable distances to work, are engaged for the most part in manufacturing industries, professional and scientific services, and distributive trades and construction. A lesser number are engaged in agriculture and forestry.

There is for the most part no employment difficulties in this area and the number of unemployed is small and mainly consists of semi-skilled labourers.

Hitchin Rural District is among the largest rural districts in England, although its population is relatively small and reflects its rural nature. The district comprises the northernmost part of Hertfordshire, excluding the Urban Districts of Baldock, Hitchin, Letchworth, Royston and Stevenage. It borders on to Essex, Cambridgeshire and Bedfordshire, and is made up of 33 parishes. The countryside is for the most part flat or gently undulating, and towards the east becomes more steeply inclined. The rural district abounds with wild life of all kinds.

## APPRAISAL OF RURAL DISTRICT—SEWERAGE

### ASHWELL

The village of Ashwell was sewered many years ago and the sewage discharges to two sedimentation tanks which were constructed in 1904. At the present time the sewers not only take the foul drainage but also a certain amount of surface water drainage from the roads and roof water from some of the older properties. The tanks have now become inadequate in size to properly treat the sewage which, after passing through the tanks is then irrigated over land before being discharged to a tributary of the River Rhee which lies in the Great Ouse River Authority area. The present population draining to these works amounts to 1,224 with a D.W.F. of 36,720 g.p.d. The standard of effluent discharged to the Rhee through the irrigation area is below that considered satisfactory under present-day practice and it is necessary to consider the provision of a modern sewage treatment plant. It has been decided when designing this plant to not only make provision for additional development in Ashwell village but also to treat the sewage from the neighbouring village of Hinxworth.

It is recommended that Ashwell should be one of the schemes included in this coming five-year programme.

### BARKWAY

Ministry consent to the acceptance of a tender for the Barkway scheme has now been received and it is hoped that work will commence during the next few weeks.

### BARLEY

The village of Barley is not fully sewered, but there is a small sewage treatment plant which was provided in 1954 to deal with the drainage from the Council houses. Subsequently a short length of sewer was laid which enabled a few private properties in the High Street to connect to these works. The works deal with a population of 173 with a D.W.F. of 5,200 g.p.d. The sewage is fully treated through sedimentation tanks, a filter and humus tank, final polishing of the effluent being given by land irrigation before discharging into a water course lying in the Great Ouse River Authority area. The works are turning out a reasonable standard of effluent but they are fully loaded and cannot be considered as really suitable for enlargement to deal with the whole of the village. In view of the fact that Barley does not lie in the Green Belt it is possible that the rate of development will increase and it is not desirable that any extensive development should take place until proper sewage treatment works are available. It is possible therefore that the Council may consider that a scheme for sewerage the whole of the village and providing a new sewage treatment works should be incorporated in the coming five-year programme.

#### BYGRAVE

There is a small sewage treatment plant which was provided in 1961 dealing with the drainage from the Council houses in the old village. These works were made of sufficient capacity to treat the drainage from the agricultural dwellings in the immediate vicinity, a total population of 72 with a D.W.F. of 2,000 g.p.d. The effluent from these works is discharged through land drains to the eat ditch in the Great Ouse River Authority area. The private properties in Ashwell Road and Wedon Way are connected to a small private sewage plant owned and run by Messrs R. C. Topham. I understand that this plant is in a poor state of repair, but I have no information as to the standard of effluent being produced. I think the time has now arrived when the Council should give serious consideration to taking over this plant and carrying out the necessary remedial works.

#### CODICOTE

The laying of the sewers from Codicote village to convey the sewage to the Ryemeads works has now been completed and the old irrigation area solely used for storm overflow discharge. The laying of the house connections is now practically complete.

The properties in the Potters Heath and Rabley Heath area are not being sewered under this present scheme apart from one or two exceptions, although the financial contribution being made to the Ryemeads sewage works covers the treatment of sewage from all properties in the parish. If it is desired to provide main drainage for these areas it will be necessary to carry out a sewerage scheme, and it would appear that the point of discharge of these sewers would be the Welwyn R.D.C. sewers in Canonsfield Road and The Avenue which are being laid at the present time. I am informed that capacity is available at Ryemeads to treat this sewage. Apart from the financial considerations, the sewerage of Potters Heath and Rabley Heath would not appear to be a matter of urgency in view of the scattered nature of the development.

#### GRAVELEY

The sewerage scheme for Graveley conveying the sewage via Stevenage to Ryemeads has now been completed.

#### HOLWELL

The centre of the village and the properties in Holwell Road are served by a public sewer, the effluent from the treatment works discharges into a tributary of the River Ouse. Full treatment of the sewage is provided, the works having been constructed in 1956 to serve a population of 436 with D.W.F. of 11,300 g.p.d. They are, therefore, of adequate capacity to deal with the drainage from the remainder of the village. To do this, however, it would be necessary to extend the existing sewers and the Council must consider whether this is a scheme which should form part of the next five-year pro-

gramme, bearing in mind that it is not anticipated that any extensive development will take place in the village.

#### ST IPPOLLITTS

Authority has now been received to advertise for tenders for the St Ippollitts and Wymondley sewerage scheme.

#### KELSHALL

The sewerage scheme has been submitted to the Ministry and a local investigation is awaited.

#### KNEBWORTH

The village of Knebworth is sewered. Flows up to 6 D.W.F. discharge into the Stevenage trunk sewer and are treated at Ryemeads. Flows above 6 D.W.F. are discharged by means of a storm overflow weir on to land owned by the Council at Ashtree Bottom, there irrigation takes place and settling before discharge to a tributary of the River Beane. New outfall sewers were laid in 1956, and bearing in mind that surface water also discharges to these combined sewers there is adequate capacity for dealing with a population of some 3,250. Difficulties are, however, being experienced in the Station Road and Gun Lane area due to inadequate capacity at this point. Discussions are in progress with the County Council at the present time to formulate a scheme to lay additional sewers in this area. In Old Knebworth there is a small sewage treatment plant which is not of modern design and which, at some time in the future, will have to be abandoned and the sewage from this area taken to the main village sewers. There does not, however, appear to be any urgency at the present time to carry out this work.

#### LILLEY

The Council's Consulting Engineers have been instructed to proceed with the design for the Lilley sewerage scheme which is the last one to be carried out by them.

#### NEWNHAM

The sewerage scheme for this village is at present under construction and it is hoped that completion will take place before the end of this calendar year.

#### OFFLEY

The village of Offley was sewered and a sewage treatment plant constructed in 1954. The plant was designed for a population of 745 but due to recent development it is now slightly overloaded, although still producing a satisfactory effluent. In view of the continual building taking place in this village I anticipate that in some five years it will be necessary to extend these works which are situated in the Great Ouse River Authority area. The effluent from the works is absorbed into the extensive irrigation area and is not discharged into any water course. Whilst there is no urgency concerning this overloading it is a position which must be carefully watched over the next few years.



A modern activated sludge plant has now been provided to deal with the villages of Cockernhoe and Mangrove and there is a limited capacity available to deal with a small amount of further development.

#### PIRTON

At the present time Pirton village is sewered but the sewage discharges at three points in water courses lying in the Great Ouse River Authority area. At one point the sewage is treated by means of settling tanks which, incidentally, are of inadequate capacity, and then irrigated over land before discharging to the water course. This effluent is not up to the required standard. At each of the other two points the sewage passes through a very small tank and then discharges direct into a ditch causing serious pollution. It is necessary to lay a linking sewer and abandon the existing outlets and provide a properly designed sewage treatment plant to deal with the drainage from the whole village. At the present time there is a population of some 950 with a total flow of 28,500 g.p.d. D.W.F. The sewers also take a certain amount of surface water and it may be necessary also to provide storm overflow weirs. In view of the development which has recently been approved in the village it is considered that this is a scheme which should be carried out without undue delay.

#### PRESTON

The design of the Preston sewerage scheme is at present in progress and it is hoped that this will be submitted to the Committee in the not too distant future.

#### REED

The sewerage scheme for Reed is at present with the Ministry and we are awaiting a local investigation.

#### SANDON

The development in Sandon is very scattered and spread over a number of small hamlets, consequently the provision of a sewerage scheme would be an expensive matter. There is a small sewage treatment plant which deals with the drainage from the Council houses in the Dark Lane area and also the school and two or three private properties with a population of 176 with a D.W.F. of 5,300 g.p.d. These works are fully loaded. It would appear that the provision of a main drainage scheme for Sandon is not a matter of urgency. Provision has, however, been made in the Therfield, Kelshall and Reed scheme for the works to be of a sufficient capacity to deal with Sandon when this is sewered.

#### THERFIELD

The sewerage scheme for Therfield is at present with the Ministry and we are awaiting a local investigation.

## WESTON

The sewerage scheme for Weston village has now been completed and a scheme for dealing with the drainage from the hamlet of Halls Green has been submitted to the Ministry.

## WYMONDLEY

Authority has now been received to advertise for tenders for the St Ippollitts and Wymondley sewerage scheme.

### SUMMARY AND RECOMMENDATIONS

From the foregoing report it will be appreciated that there are certain villages where urgent action is necessary and other places where conditions are not so critical, and the Committee might like to consider the following recommendation for the next five years.

If we include schemes which figured in the last five-year programme, but where we have not yet sought tenders, a reasonable programme might be as follows:

1. Therfield, Kelshall and Reed
2. Preston
3. Ashwell\*
4. Pirton\*
5. Barley

Messrs D. Balfour & Sons, Lilley

The following minor works could also be included:

1. Knebworth relief sewer
2. Bygrave private sewage plant
3. Additional sewer, Holwell

Of these three schemes Knebworth should definitely be included, the other two are a matter for the Committee to decide having considered the existing circumstances.

\* The order in which these two schemes will be carried out should be decided after discussion with the Ouse River Authority.

# HITCHIN RURAL VITAL STATISTICS 1966

## LIVE BIRTHS:

	Males	Females	Total
Total ... ..	209	171	380
Legitimate ... ..	196	162	358
Illegitimate ... ..	13	9	22
Live Birth Rate (uncorrected) per 1,000 population	—	—	16.1
Live Birth Rate (corrected) per 1,000 population	—	—	17.5
Illegitimate live births percentage of total live births	—	—	5.8

## STILL-BIRTHS:

	Males	Females	Total
Total ... ..	1	—	1
Rate per 1,000 live and still-births ... ..	—	—	2.6
Total live and still-births ... ..	210	171	381

## DEATHS OF INFANTS UNDER 1 YEAR OF AGE:

	Males	Females	Total
Total ... ..	2	2	4
Legitimate ... ..	1	2	3
Illegitimate ... ..	1	—	1
Infant Mortality Rate per 1,000 live births ...	—	—	10.5
Legitimate Infants per 1,000 legitimate live births	—	—	8.4
Illegitimate Infants per 1,000 illegitimate live births	—	—	45.4
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births) ... ..	—	—	5.2
Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births) ... ..	—	—	5.2
Perinatal mortality rate (still-births and deaths under 1 week combined per 1,000 total live and still-births) ... ..	—	—	7.9

## MATERNAL MORTALITY, INCLUDING ABORTION:

Number of deaths ... ..	—	—	Nil
Rate per 1,000 total live and still-births ... ..	—	—	0.00

TOTAL DEATHS ... ..	122	115	237
Death Rate (uncorrected) ... ..	—	—	10.0
Death Rate (corrected) ... ..	—	—	10.1
Natural increase of population ... ..	—	—	43

**CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1966 IN THE RURAL DISTRICT OF HITCHIN**  
General Register Office, Somerset House, Strand, London, W.C.2

ICD No.	CAUSE OF DEATH	Sex	Total All Ages	Under 4 Wks	4 Wks and Under 1 Yr	AGE IN YEARS										
						1-	5-	15-	25-	35-	45-	55-	65-	75 & over		
001-008	1. Tuberculosis, Respiratory ...	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-
020-085	3. Syphilitic Disease ...	F	1	-	-	-	-	-	-	-	-	-	-	-	-	-
Rem 001-138 151	9. Other Infective and Parasitic Diseases	M	1	-	-	-	-	-	-	-	-	-	-	-	-	-
	10. Malignant Neoplasm, Stomach	F	1	-	-	-	-	-	-	-	-	-	-	-	-	-
162, 163	11. Malignant Neoplasm, Lung, Bronchus	M	12	-	-	-	-	-	-	-	-	-	-	-	-	-
170	12. Malignant Neoplasm, Breast	F	2	-	-	-	-	-	-	-	-	-	-	-	-	-
171-174	13. Malignant Neoplasm, Uterus	M	3	-	-	-	-	-	-	-	-	-	-	-	-	-
Rem 140-205 204	14. Other Malignant and Lymphatic Neoplasms	F	2	-	-	-	-	-	-	-	-	-	-	-	-	-
	15. Leukaemia, Aleukaemia	M	18	-	-	-	-	-	-	-	-	-	-	-	-	-
260	16. Diabetes	F	9	-	-	-	-	-	-	-	-	-	-	-	-	-
330-334	17. Vascular Lesions of Nervous System	M	2	-	-	-	-	-	-	-	-	-	-	-	-	-
420	18. Coronary Disease, Angina	F	1	-	-	-	-	-	-	-	-	-	-	-	-	-
422	19. Hypertension with Heart Disease	M	26	-	-	-	-	-	-	-	-	-	-	-	-	-
430	20. Other Heart Disease	F	21	-	-	-	-	-	-	-	-	-	-	-	-	-
		M	3	-	-	-	-	-	-	-	-	-	-	-	-	-
		F	9	-	-	-	-	-	-	-	-	-	-	-	-	-
		M	14	-	-	-	-	-	-	-	-	-	-	-	-	-

**CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1966 IN THE RURAL DISTRICT OF HITCHIN**  
General Register Office, Somerset House, Strand, London, W.C.2

ICD No.	CAUSE OF DEATH	Sex	Total All Ages	Under 4 Wks	4 Wks and Under 1 Yr	AGE IN YEARS								75 & over
						1-	5-	15-	25-	35-	45-	55-	65-	
467	21. Other Circulatory Disease ...	M	7	-	-	-	-	-	-	-	-	1	3	3
490-493, 763	23. Pneumonia ...	F	5	-	-	-	-	-	-	-	1	1	1	2
500-502	24. Bronchitis ...	M	4	-	-	-	-	-	-	-	-	-	3	1
		F	7	-	1	-	-	-	-	-	-	-	2	4
		M	8	-	-	-	-	-	-	-	-	3	3	2
		F	4	-	-	-	-	-	-	-	-	-	2	2
527	25. Other Diseases of Respiratory System ...	M	2	-	1	-	-	-	-	-	-	-	1	-
		F	-	-	-	-	-	-	-	-	-	-	-	-
543, 571, 572, 764	27. Gastritis, Enteritis and Diarrhoea ...	M	2	-	-	-	-	-	-	-	-	-	-	3
640-689	30. Pregnancy, Childbirth, Abortion ...	F	1	-	-	-	-	1	-	-	-	-	-	-
Rem	32. Other Defined and Ill-defined Diseases ...	M	13	1	-	-	-	-	-	-	-	3	4	5
001-795		F	10	1	-	-	-	1	1	-	-	2	-	5
E.810-E835	33. Motor Vehicle Accidents ...	M	3	-	-	-	-	2	-	-	-	-	-	-
		F	-	-	-	-	-	-	-	-	-	-	-	-
Rem	34. All Other Accidents ...	M	1	-	-	-	-	-	-	-	-	-	-	1
E800-E899		F	4	-	-	-	-	-	-	-	-	1	-	3
	TOTAL ALL CAUSES ...	M	122	1	1	1	-	2	-	1	9	30	42	35
		F	115	1	-	-	-	2	2	-	3	15	28	63

# INFANT DEATHS—HITCHIN RURAL

Place of Birth	Date of Death	Cause of Death	Age	Birth Weight	Age of Mother	Died at	Sex	Legitimate	Illegitimate
North Herts Maternity Unit ... ..	22.10.66	Cerebral Haemorrhage	5 days	8 lb. 5 oz.	36	North Herts Hospital	M	—	
Queen Elizabeth II Hospital, Welwyn Garden City ... ..	22.12.65	Acute respiratory trachea infection	1 month	7 lb. 2 oz.	23	Home	M		—
Home ... ..	22.11.66	Broncho-pneumonia	3 months	6 lb. 13 oz.	26	Home	M	—	
Queen Elizabeth II Hospital, Welwyn Garden City ... ..	3.1.66	Premature Anoxia	2½ hours	1 lb. 7 oz.	27	Queen Elizabeth II Hospital, Welwyn Garden City	F		—

	District 1966	North Hertford- shire Division	Hertford- shire	England and Wales
Population ... ..	23,590	147,470	872,100	48,075,300
Live Births (Crude) ... ..	16.1	19.2	17.3	17.7
Live Births (Corrected) ... ..	17.5	*	16.3	*
Death Rate—All causes Crude	10.0	8.4	9.1	11.7
Death Rate—All causes Cor- rected ... ..	10.1	*	10.1	*
Infective and Parasitic Diseases —excluding Tuberculosis, but including Syphilis and other V.D. ... ..	0.08	0.06	0.03	*
Tuberculosis:				
Respiratory ... ..	0.04	0.04	0.03	0.04
Other Forms ... ..	0.00	0.01	0.01	0.01
All Forms ... ..	0.04	0.01	0.03	0.05
Cancer ... ..	2.20	1.8	1.9	2.2
Vascular lesions of the Ner- vous System ... ..	1.48	1.2	1.3	*
Heart and Circulatory Diseases	3.64	2.9	3.1	*
Respiratory Diseases ...	1.05	0.7	1.2	*
Maternal Mortality ... ..	0.00	0.00	0.3	0.3
Infantile Mortality ... ..	10.5	11.6	13.9	19.0
Neo Natal Mortality ...	5.2	6.3	9.3	12.9
Early Neo Natal Mortality ...	5.2	4.5	7.9	11.1
Perinatal Mortality ... ..	7.9	16.0	19.5	26.3
Still-births ... ..	2.6	11.6	11.7	15.4

\* Not available

# DIVISIONAL VITAL STATISTICS 1966

							Males	Females	Total
<b>LIVE BIRTHS:</b>									
<i>Total</i>	...	...	...	...	...	...	1,448	1,385	2,833
Legitimate	...	...	...	...	...	...	1,362	1,294	2,656
Illegitimate	...	...	...	...	...	...	86	91	177
Live Birth Rate (uncorrected) per 1,000 population							—	—	19.2
Live Birth Rate (corrected) per 1,000 population							—	—	*
Illegitimate live births percentage of total live births							—	—	6.2
<b>STILL-BIRTHS:</b>									
<i>Total</i>	...	...	...	...	...	...	14	19	33
Rate per 1,000 live and still-births	...	...	...	...	...	...	—	—	11.6
<i>Total live and still-births</i>	...	...	...	...	...	...	1,462	1,404	2,866
<b>DEATHS OF INFANTS UNDER 1 YEAR OF AGE:</b>									
<i>Total</i>	...	...	...	...	...	...	18	15	33
Legitimate	...	...	...	...	...	...	16	14	30
Illegitimate	...	...	...	...	...	...	2	1	3
Infant Mortality Rate per 1,000 live births	...	...	...	...	...	...	—	—	11.6
Legitimate Infants per 1,000 legitimate live births	...	...	...	...	...	...	—	—	11.3
Illegitimate Infants per 1,000 illegitimate live births	...	...	...	...	...	...	—	—	16.9
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births)	...	...	...	...	...	...	—	—	6.3
Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	...	...	...	...	...	...	—	—	4.5
Perinatal mortality rate (still-births and deaths under 1 week combined per 1,000 total live and still-births)	...	...	...	...	...	...	—	—	16.0
<b>MATERNAL MORTALITY, INCLUDING ABORTION:</b>									
Number of deaths	...	...	...	...	...	...	—	—	Nil
Rate per 1,000 total live and still-births	...	...	...	...	...	...	—	—	0.00
<b>TOTAL DEATHS</b>	...	...	...	...	...	...	631	617	1,248
Death Rate (uncorrected)	...	...	...	...	...	...	—	—	8.4
Death Rate (corrected)	...	...	...	...	...	...	—	—	*
Natural increase of population	...	...	...	...	...	...	—	—	1,585
Overall increase of population	...	...	...	...	...	...	—	—	3,550

\* Not available



## DIVISIONAL VITAL STATISTICS

In any discussion on vital statistics it must always be remembered that relatively small populations do not always provide the soundest basis for comparative purposes. It may, therefore, be of more value to consider the rates for the North Hertfordshire division as a whole, consisting as it does of a population of almost 150,000. Deductions based on such numbers may be considered to be reasonably valid. Minor fluctuations in rates, however, from year to year should not be considered too seriously but observation of the overall trend over a period of years is of value. Crude rates, such as a crude death rate are relatively invalid for comparative purposes, since they are affected by population structure as to age and sex: ageing populations for example living in the most healthy surroundings would exhibit a higher crude death rate than a young population living in an industrial area.

### LIVE BIRTHS

A total of 2,833 live births occurred in 1966, 177 of which were illegitimate—6.20 per cent of live births were, therefore, born to unmarried mothers. For some years the number of live births has progressively increased over the country as a whole with minor fluctuations. Births in social classes I, II and III (Registrar General's Classification) are now becoming more numerous, with a tendency for births in the classes IV and V to decrease. This is an interesting trend. The age at marriage continues to decrease without a corresponding increase in births. The birth rate for the division was 19.2, in excess of that for the remainder of Hertfordshire (17.3) and for England and Wales (17.7).

The birth rate corresponded to an overall increase in population based on the Registrar General's estimate of population for mid-1966 of 2,550, the natural increase, i.e. excess of births over deaths, being 1,585. The birth rate is expressed as the number of live births per thousand of the mid-year population both male and female, and is proportionate to the number of women of child-bearing age; to overcome this difficulty an area comparability factor is applied to crude rates. The birth rate is not, however, an accurate index of fertility. The rising trend in live birth rate has been accompanied by a general rise over the whole country of illegitimate births.

### DEATHS

The death rate for the division from all causes was 8.4 (Hertfordshire 9.1; England and Wales 11.7). The rate in North Hertfordshire, therefore, is less than that for the remainder of the county and markedly less than the country as a whole. The commonest causes of death for England and Wales in descending order are as follows: heart and circulatory diseases, cancer, vascular lesions of the nervous system and respiratory diseases, and the deaths in this

division followed this ranking. The very low death rate from respiratory diseases (0.7/1,000) (Hertfordshire 1.2) is of interest. This rate includes bronchitis and pneumonia, but excludes cancer of the lung. This rate may be a reflection of the superiority of the environment compared with the industrial areas of the North, where respiratory diseases are often the second commonest causes of death. It should be emphasised also that the death rate from respiratory diseases is half that for the rest of Hertfordshire.

## INFANT MORTALITY

The infant mortality rate represents the number of children dying under the age of one year per thousand live births. The rate for the division of 11.6 (Hertfordshire 13.9; England and Wales 19.0) was most satisfactory. The infant mortality rate has proved a most useful measure of the risks during infancy in the past. It has provided an index of the relative wellbeing of communities. The reduction in such rates from 150 per 1,000 in England and Wales in the early years of this century to the present rate of 11.7 reflects the great improvement in environment, and health service provisions that have occurred. This rate, however, is perhaps most useful when employed as a vital statistic in emergent or relatively primitive communities and is not the most satisfactory guide to the standard of maternal care.

After the first month of life accidental mechanical suffocation, bronchitis and pneumonia are the most important conditions contributing to post-neonatal death rates and sudden death is a particular hazard of the post-neonatal period. Banks (1958) found that such deaths represented 20 per cent of all infant deaths. The report of *Enquiry into Sudden Death in Infancy* (1965) was concerned with a study of over 200 sudden deaths in infants aged between two weeks and two years. The enquiry revealed that the peak incidence of cases of sudden unexplained deaths in infancy was in the two to three months' age group; 60 per cent of cases were found by the parents in the morning; 38 per cent of 102 cases were found with mouth and nose completely or partially covered by bedding; there was a greater prevalence during winter; a history of preceding respiratory infection was frequently given; pillows and mattresses in fatal cases were usually soft. Certain social factors were discovered—a higher percentage of illegitimate births, poorer types of home, younger mothers, tendency to overcrowding. Cows' milk proteins were demonstrated in the lungs of 42 per cent of 60 unexplained cases of sudden death. No firm conclusions were drawn in the report. The findings suggest the following as factors in causation: early bottle feeding, hypersensitivity to cows' milk, soft pillows and recent infection.

The risk of unexplained sudden death before the age of two years may be compared with the risk to a child under five dying in a road accident.

The former risk is twice that of the latter. Such measures as the avoidance of pillows for young infants and early breast feeding, together with the realisation of the risks of respiratory infections to young children might do much to lessen the incidence of this condition.

## PERINATAL MORTALITY

Infant mortality rates are now overweighted by those deaths occurring under the age of one month (neonatal). This combination of neonatal deaths within the infant mortality rate has the effect of reducing the apparent rate of decline of the latter. There is also a tendency as the neonatal rate increases for the stillbirth rate to diminish, and it may be a fair assumption that the borderline between stillbirth and survival for the first week or month of life is to some degree artificial.

The perinatal rate, stillbirths and deaths under one week per thousand live and stillbirths, was introduced to overcome the latter difficulty. The greater number of perinatal deaths are due to prematurity; the problem, therefore, is rather one of the hazards of childbirth to the foetus than of any deficiencies in the community as a whole. The continuing low maternal mortality rates reveal that pregnancy is comparatively less dangerous for the mother. The National Birthday Trust Fund Report stressed the categories of high-risk mothers, which included a previous history of abortions, premature births or stillbirths, past histories of toxæmia, ante-partum hæmorrhage and caesarean section.

The report concluded that the perinatal mortality would be greatly reduced if the following standards were adopted:

- (a) Primigravidae and multiparae with a first stage of 24 hours or more and women with any abnormality including rhesus antibodies to be confined in hospital.
- (b) Immediate delivery to be effected in primigravidae and multiparae with second stages lasting one to two hours.
- (c) Hospital delivery for those women whose membranes had been ruptured for 24 hours.
- (d) Greater care of the infant during the inter-natal and immediate post-natal periods with early diagnosis of foetal distress and prompt resuscitative measures. It is of interest in this regard that post mortems carried out on 93 per cent of perinatal deaths in March 1958 showed that 30 per cent were due to intra-partum anoxia.

The dominant factor in perinatal mortality is prematurity; although premature infants make up only 7 per cent of all births, they provide over half the number of stillbirths and 60 per cent of first-week deaths each year. The definition of prematurity as a birth weight of  $5\frac{1}{2}$  lb. or less does not distinguish between a small baby born at term and a true premature infant. It is perhaps

preferable to employ the term " low birth weight." Those premature infants who survive tend to have a higher incidence of physical and intellectual handicaps.

The Annual Report of the Chief Medical Officer of the Ministry of Health contains some interesting statistics on prematurity and refers to the great deal of attention paid to this problem in recent years. It stresses that not only should premature infants be kept alive but that the handicaps to which their birth exposes them should be diminished.

Full understanding of the causation of prematurity is still ill-understood. Obstetric factors such as pre-eclampsia and ante-partum haemorrhage are all associated with low birth weight. Such factors as smoking, working during pregnancy and previous unsuccessful conception have all been linked with prematurity.

High standards of ante-natal care are required to prevent the onset of premature labour, special baby care units should now be a part of all maternity units throughout the country. These units containing specialist paediatric and nursing teams provide the best chance that the premature infant has, both to survive and to develop normally.

A major cause of death in low-birth rate infants, for example, is the respiratory distress syndrome. Premature infants of all weights have a particularly high mortality within twenty-four hours of birth. The lower the birth weight of premature infants the greater the risk.

The perinatal mortality rate for the division was 16.0 (Hertfordshire 19.5; England and Wales 26.3) and may be considered satisfactory. The stillbirth rate, i.e. births at or over 28 weeks, not live-born, per thousand births live and still was 11.6 (Hertfordshire 11.7; England and Wales 15.4).

#### TUBERCULOSIS

The death rate for tuberculosis was 0.03 (Hertfordshire 0.03; England and Wales 0.04). The rate remains at a satisfactory low level with a total of seven deaths. Continuance of such low rates must not, however, be an encouragement to relax the efforts at eradication, particularly in view of the presence of increasing numbers of susceptibles. Contact tracing, B.C.G. vaccination, the use of diagnostic radiology must continue.

#### INFECTIVE AND PARASITIC DISEASES

The rate for these diseases including all infectious conditions but excluding tuberculosis and including venereal diseases was 0.06 (Hertfordshire 0.03) with a total of nine deaths.

#### CANCER

The death rate for cancer of all sites was 1.8 (Hertfordshire 1.9; England and Wales 2.2) with a total for the division of 317 deaths, 25 per cent of which were due to cancer of the lung with a total of 81 deaths, 66 in men and 15 in women; 8 per cent to cancer of the stomach (26 deaths); 7 per cent to cancer of the breast (21 deaths)



and 3 per cent to cancer of the uterus. There were seven deaths from leukaemia. A general increase in the incidence of cancer has occurred in most European countries, with varying changes in types.

Intestinal cancer has decreased in both sexes. Cancer of the pancreas, ovary and fallopian tubes has increased. Cancer of the uterus has declined. Women with one or no children are more likely to suffer from cancer of the uterus than cancer of the cervix. One in twenty of all women may expect to contract cancer of the breast. It has been estimated that the bearing of two or three children reduces the likelihood of breast cancer developing after the age of 45 by one-fifth and that four or more children reduce it by two-fifths.

Deaths from lung cancer continue to increase each year. In 1965, 755 more deaths occurred in men in England and Wales than in 1964, and in females 272. It must be emphasised that the major factor in such deaths is cigarette smoking. It is difficult to accept the evidence that less people are smoking than before, but there is no doubt that of those who do, many acknowledge and accept the risk. There is sound evidence that the risk of deaths from lung cancer falls substantially within the few years of ceasing to smoke and becomes progressively less as the years of non-smoking accumulate.

A number of surveys in England and Wales have shown that at the age of 12, 10 per cent of boys, at the age of 13, 20 per cent, and at the age of 14, 33 per cent of boys smoke regularly. As many as 3 per cent of seven-year-olds may smoke and 60 per cent of school-leavers. The incidence of smoking is higher in secondary modern than in grammar schools and is always higher in boys than in girls. The causation in children has been studied and it appears that social pressure, imitation of elders and a wish for adult status play a role. There is a known positive association between parents' and children's smoking habits. It was as a result of such surveys that it was suggested that health education programmes in this direction should be centred on the primary schools. There is some evidence, however, recently, that less school children are smoking than these surveys would suggest.

It should be emphasised that cancer of the lung is now the most common type of malignant disease and represents a major health hazard. In the last thirty years deaths from this cause have increased eight-fold in men and three-to four-fold in women. A general upward trend in deaths from cancer of the breast continues and now represents the third commonest type of cancer.

## VASCULAR DISEASES OF THE NERVOUS SYSTEM

The death rate from these causes was 1.2 (Hertfordshire 1.3) with a total of 190 deaths and represents the third commonest cause of death, both in the country as a whole and in this area. Variations

from year to year are slight and no upward or downward trend is discernible. Such deaths include "strokes" due to cerebral haemorrhage, thrombosis or embolism, and mortality increases progressively with age.

#### HEART AND CIRCULATORY DISEASES

The rate for this division was 2.9, slightly less than for the remainder of Hertfordshire (3.1) with a total of 433 deaths. This group of disease represents the commonest cause of death in the country and includes coronary heart disease and angina. The mortality from these causes is appreciably higher between the ages of 45 to 54 years in men, the productive years.

#### DISEASES OF THE RESPIRATORY SYSTEM

The death rate from respiratory disease in the division was 0.7, half that for Hertfordshire (1.2) with a total of 144 deaths. The lowness of this rate reflects the very satisfactory living conditions and the lack of atmospheric pollution in North Hertfordshire. It does not, however, indicate that the provision of smoke control areas is unnecessary.

#### MATERNAL MORTALITY

There were no maternal deaths in the divisional area of North Hertfordshire in 1966—a most satisfactory state of affairs. The report on the Confidential Enquiries into Maternal Deaths in England and Wales for the years 1961 to 1963 was published in 1966. The report showed that deaths due to pregnancy or child-birth were most commonly due to abortion, and that toxæmia and haemorrhage as causes of death were now less common. The deaths following abortion were due to haemorrhage, sepsis or embolism and the report suggested that some of these deaths might have been avoided by early treatment or by the use of "flying squads," although it also suggested that many represented a large and serious social problem. The report showed that nearly one-third of maternal deaths occurred in the early part of pregnancy, before the child could be considered capable of life. It showed also that the risk of death during pregnancy or childbirth is greatest in women with an obstetric or medical abnormality, in women aged 35 or more bearing their fifth or subsequent child, and women pregnant for the first time who were more than 30 years of age. The report also suggested that girls under the age of 16 were subjected to greater than average risks. The report also drew attention to the fact that in the two years, 1961 to 1963, 3,211 maternities occurred amongst girls of 15 or less with four maternal deaths, indicating the risks to young mothers of pregnancy.

## SECTION "B"

### GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

*Divisional Medical Officer and Medical Officer of Health :*

DR J. D. HALL

*Assistant County Medical Officers :*

DR S. J. MOYNIHAN

DR P. T. HORDER

DR D. M. BATTY

DR A. T. LEAVER

*Part-time Medical Officers :*

DR H. I. L. HALL

DR E. E. WALTON

*Divisional Welfare Officer :*

MR H. T. W. MATTHEWS

*Divisional Nursing Officer :*

MISS S. H. KESTIN

*Deputy Divisional Nursing Officer :*

MISS V. NICHOL

*Chief Clerk :*

MRS M. E. SCOTT

*Deputy Chief Clerk :*

MRS E. TRINDER

*Secretary to Divisional Medical Officer :*

MRS S. TYTLER

*Ophthalmologist :*

DR S. ANANDARJAN

*Psychiatrists :*

DR R. M. GABRIEL

DR O. ROPER

*Audiologist :*

DR M. V. BICKERTON

*Home Help Organiser :*

MRS O. M. BENTON

*Health Visitors and Nursing Staff:*

MISS B. ARMITAGE  
MISS M. E. AYLETT  
MRS I. BAGGS  
MISS W. M. BALDWIN  
MRS P. BALL  
MRS S. O. BALL  
MRS K. BARRATT  
MRS E. BATES  
MISS A. E. BEMMENT  
MISS V. M. BENNETT  
MRS S. BENTLEY  
MISS N. BUMFREY  
MISS A. M. BUNTON  
MRS D. M. BURGESS  
MISS J. M. BUTLER  
MRS M. CARNEY  
MISS E. CHAYTOR  
MRS A. K. M. CLOWSER  
MISS J. CREW  
MISS E. COLLIER  
MRS D. COOPER  
MISS E. M. COOPER  
MISS G. CRISP  
MRS M. B. M. CRISP  
MRS P. J. CROSSKELL  
MRS E. G. DICKINSON  
MRS J. DOYLE  
MISS W. P. DUDLEY  
MRS M. EDWARDS  
MRS V. M. FRASER  
MRS I. M. FUTTER  
MRS H. GILCHRIST  
MRS V. S. GARDNER  
MISS P. GHADIMI  
MRS H. B. GRANT  
MRS D. GROSE  
MISS E. R. HAGUE  
MRS A. M. HALL  
MRS G. E. HARVEY  
MRS C. HENDERSON  
MISS M. L. HIBBERT  
MRS H. HOLDING  
MRS J. HOOK  
MISS R. P. HULKS  
MRS N. JARVIS  
MRS C. KAY  
MRS M. C. KEMP  
MRS G. W. KIRBY  
MRS J. KING

MRS M. W. KLIENER  
MISS M. E. LANE  
MRS M. LANHAM  
MISS J. LENTIEUL  
MISS M. MACARTHUR  
MRS S. E. MASSEY  
MISS E. M. McCLAY  
MRS E. A. M. McGRAA  
MRS L. M. McINTYRE  
MISS F. D. McNAMARA  
MRS Z. E. MILLS  
MISS K. MUGGERIDGE  
MRS J. I. NICHOLLS  
MRS J. NOAKES  
MRS C. NUTT  
MRS J. OYEFESO  
MISS A. D. PHILLIPSON  
MISS A. PHIPPS  
MISS C. Y. POON  
MISS E. L. READ  
MISS F. REDKNAP  
MRS D. M. RENDLE  
MRS H. J. RICHARDS  
MRS D. ROBBINS  
MRS E. ROGERS  
MRS F. B. RUSSELL  
MRS M. P. SAYER  
MISS N. SCRIVENS  
MISS S. SEAL  
MRS S. SELVES  
MISS M. E. SHELLS  
MRS D. M. SICKLER  
MISS D. M. SISMAN  
MISS J. M. STEER  
MRS D. A. STEPHENS  
MISS E. STOBA  
MISS M. TILEY  
MISS D. M. TOLCHARD  
MISS P. M. TOMKIES  
MISS D. B. WAGLAND  
MRS M. J. WALL  
MRS D. WARNER  
MISS M. WELLS  
MISS E. F. WILKINSON  
MRS B. M. WOOD  
MISS M. WOOD  
MRS V. WORRALL  
MRS A. V. WRIGHT



*Orthoptist :*

MRS D. BOTTOMS

*Speech Therapist :*

MRS M. EVESHAM

*Training Centre Supervisors :*

MRS A. HOWIE

MR J. POWER

*Mental Welfare Officers :*

MR A. E. NWOSU

MISS M. Z. WALKEY

MISS E. M. MORRIS

MR J. W. CRICK

MRS J. SMITH

MISS P. M. WHITE

*Part-time Chiropodists :*

MR W. D. CRAWFORD

MRS M. W. READ

MR R. W. HAWKES

MR A. SHEPHERDSON

MR R. HULKS

MR A. H. STEER

MR T. S. MCCONNELL

MISS K. M. TANSLEY

MR A. E. READ

MRS S. A. TOPHAM

*Sectional Clerk :*

MISS F. E. FOSSETT

*Clerks :*

MRS J. CLARK

MRS J. R. RENDO

MISS S. DANIELS

MISS C. M. J. SPENCER

MRS J. HESSEY

MRS P. THIRLWELL

MISS C. HARVEY

MISS A. TULEY

MISS J. HOWELL

MISS S. J. WARNER

MRS B. E. HUGHES

MRS E. WIGG

MRS D. LEWIS

*Child Guidance Secretary :*

MISS P. J. WALLER

*Home Helps :*

Fifty-four Home Helps

# LOCAL HEALTH AUTHORITY SERVICES CARE OF MOTHERS AND YOUNG CHILDREN—SECTION 22

## ANTE-NATAL CLINICS:

I.W.C., Pinnocks Lane, Baldock	...	Monday, 2.30-3 p.m.
G.P. Surgeries, Hitchin	...	Friday, 2-4 p.m. Tuesday, 1.30-4 p.m.
G.P. Surgeries, Letchworth	...	Thursday, 2-4 p.m. Tuesday, 2.15-3.15 p.m.
G.P. Surgeries, Royston	...	By arrangement
G.P. Surgeries, Stevenage	...	Mondays and Fridays, 2-4 p.m.

## ATTENDANCES:

Clinic	No. of patients who attended	No. of attendances
Baldock ... ..	67	67
Hitchin ... ..	177	277
Letchworth ... ..	300	768
Royston ... ..	18	27
Stevenage ... ..	709	7,383
<i>Total</i> ... ..	1,271	8,522

Antenatal care is carried on by midwives and general practitioners. There were 2,866 live and stillbirths in the divisional area in 1966.

## ANTE-NATAL INSTRUCTION CLASSES:

Clinic	No. of attendances
Baldock ... ..	102
Hitchin ... ..	333
Letchworth ... ..	277
Royston ... ..	389
Stevenage ... ..	1,160
<i>Total</i> ... ..	2,261

## FAMILY PLANNING CLINICS

The Hitchin branch of the Family Planning Association have the use of the Hitchin clinic. Sessions are held on:

- Tuesdays: 1.30-3 p.m.  
(except August and Christmas and Easter Week)
- Wednesdays: 7-8 p.m.  
(second and fourth in each month, including August)
- Thursdays: 9.30-10.30 a.m.  
By appointment only

The Association is shortly to commence a session each week at the Letchworth Clinic.

# INFANT WELFARE CLINICS

I.W.C., Pinnocks Lane Baldock	Wednesday 2-4 p.m.	Dr S. J. Moynihan
I.W.C., Bedford Road Hitchin	Mondays & Fridays 2-4 p.m.	Dr D. M. Batty
Community Centre Woolgrove Road Walsworth, Hitchin	2nd & 4th Wednesdays 2-4 p.m.	Dr H. I. L. Hall
Oakfield Estate (Mobile) Hitchin	2nd Thursday	Dr D. M. Batty
I.W.C., Nevells Road Letchworth	Mondays & Thursdays 2-4 p.m.	Dr S. J. Moynihan
Community Centre Middlefields, Letchworth	2nd & 4th Mondays 2-4 p.m.	Dr H. I. L. Hall
I.W.C., Lady Dacre Room Market Hill, Royston	1st Tuesday 2-4 p.m.	Dr E. E. Walton
I.W.C., Southgate Stevenage	Mondays & Thursdays 2-4 p.m.	Dr P. T. Horder
I.W.C., 27 High Street Stevenage	Tuesday 2-4 p.m.	Dr H. I. L. Hall
Lodge Farm Health Annexe off Mobsbury Way Stevenage	Monday, Wednesday & Thursday 2-4 p.m.	Dr P. T. Horder
Peartree Health Annexe off Hydean Way Stevenage	Tuesday & Wednesday 2-4 p.m.	Dr A. T. Leaver
I.W.C., St Peter's Broadwater, Stevenage	Friday 2-4 p.m.	Dr H. I. L. Hall
I.W.C., Merchant Taylor Further Education Centre Ashwell	3rd Friday 2-4 p.m.	Dr S. J. Moynihan
I.W.C., Barkway (Mobile)	2nd Monday 10 a.m. to midday	Dr D. M. Batty
I.W.C., Baptists' School Room, Breachwood Green	2nd Thursday 2-4 p.m.	Dr D. M. Batty
I.W.C., Cockernhoe (Mobile)	3rd Wednesday 10 a.m. to midday	Dr D. M. Batty
I.W.C., W.I. Hut High Street, Codicote	2nd Thursday 2-4 p.m.	Dr D. M. Batty
I.W.C., Holwell (Mobile)	1st Monday 10 a.m. to midday	Dr D. M. Batty
I.W.C., Memorial Hall Hall Lane, Kimpton	4th Monday 2-4 p.m.	Dr D. M. Batty
I.W.C., Ickleford (Mobile)	3rd Wednesday 2-4 p.m.	Dr D. M. Batty
I.W.C., Village Hall Great Offley	1st Thursday 2-4 p.m.	Dr D. M. Batty
I.W.C., Sandon (Mobile)	1st Wednesday 10 a.m.-midday	Dr D. M. Batty
I.W.C., Weston (Mobile)	1st Friday 10 a.m.-midday	Dr S. J. Moynihan
I.W.C., Whitwell (Mobile)	4th Thursday 2-4 p.m.	Dr D. M. Batty

Clinic	Children Born in 1966	Children Born in 1965	Children Born in 1961-64	No. of Attendances
Baldock ... ..	104	108	245	1,704
Hitchin ... ..	469	441	532	5,752
Letchworth ... ..	443	316	334	6,462
Royston ... ..	144	150	120	1,909
Stevenage ... ..	1,143	976	837	16,495
Hitchin Rural ... ..	269	281	333	3,518
TOTAL ... ..	2,572	2,272	2,401	35,840

Attendances at infant welfare clinics continue to increase and reflect the general need for such local health authority provision. The large number of clinics which are required over an area often rural in nature, impose a burden on staffing due to the increasing difficulties in the recruitment of medical and nursing staffs.

Attendances at clinics are kept constantly under review in certain areas in order that where a need is not being met changes can be made. In general, clinics provide facilities for routine examinations at varying ages and for immunisation and vaccination. Sessions are held for antenatal and instruction purposes.

The recommended range of proprietary foods is on sale. I am indebted to the W.R.V.S. and other voluntary helpers for their services in this respect.

No new clinics were completed during the year. A new mini-clinic or school annexe will be completed in Letchworth in 1967 and will be used until a multi-purpose clinic is built on the Jackmans Estate. This will provide accommodation for three general practitioners in addition to the full range of local health authority services.

It is not expected that in normal circumstances new clinics solely for health authority use will be erected. New clinic building will most probably include provision for general practitioners. The objections among the latter to the concept of health centres have now diminished, and the tendency over the whole country is to the grouping of all community health services.

#### PREMATURE INFANTS

A premature infant is one which weighs  $5\frac{1}{2}$  lb. or less at birth. Observations on the risks of prematurity are included elsewhere in the discussion on divisional vital statistics.

There were 126 premature births in the division, seven were twins, 14 were stillborn; 15 per cent were born at home and 85 per cent in hospital; nine premature babies died in the first four weeks of life, eight in hospital.

# PREMATURE INFANTS BORN IN 1966

District	Born Alive			Stillbirths			No. removed to hospital after Birth	Died under 28 days			No. who survived 28 days		
	At Home	In Hospital	Total	At Home	In Hospital	Total		At Home	In Hospital	Total	Born at Home	Born in Hospital	Total
Baldock ...	2	1	3	1	0	1	0	0	0	0	2	1	3
Hitchin ...	5	2 twins 19	26	1	2	3	0	0	2	2	5	19	24
Letchworth	5	16	21	0	3	3	1	1	0	1	4	16	20
Royston ...	0	3 twins 8	11	0	1	1	0	0	1	1	0	10	10
Stevenage ...	10	1 twin 44	55	0	6	6	2	0	4	4	10	41	51
Hitchin Rural	0	1 twin 18	19	0	0	0	0	0	1	1	0	18	18
TOTALS	22	113	135	2	12	14	3	1	8	9	21	105	126

## CARE OF THE UNMARRIED MOTHER AND CHILD

### *Age Incidence*

(1) Age 15-19	...	...	...	...	...	...	32
(2) Age 20-24	...	...	...	...	...	...	17
(3) Age 25-29	...	...	...	...	...	...	5
(4) Age 30-39	...	...	...	...	...	...	5
(5) Age 40 and over	...	...	...	...	...	...	2

A total of 177 illegitimate births were in fact notified by the Registrar General during 1966.

### DAY NURSERIES

Section 22 of the National Health Service Act of 1946 empowers local authorities to provide or aid the provision of day nurseries for children under five. Parents are expected to make payments according to their means. The Nurseries and Child Minders' Regulation Act of 1948 authorises the keeping of registers of day nurseries and their supervision by local health authorities. Admission of children to this single day nursery in the division have to be carefully regulated and certain categories for admission have been established; these categories are as follows:

- children of widows or widowers
- children of unmarried mothers
- children of deserted wives or husbands
- children of parents in prison
- children of parents suffering from chronic illness or disablement
- temporary cases, for example, mother's illness or confinement
- children recommended by doctor or health visitor for temporary help
- children of parents coming within the "Essential Services" categories; for example, teachers and nurses (Local Committee Members' approval required)
- children living in bad housing conditions
- children of families where there was a risk of break-up in family

The Noel Day Nursery has places for 40 children and the average daily attendance throughout the year was 35.

## MIDWIFERY—SECTION 23

Thirty-nine midwives, 32 part-time, were employed in the divisional area at 31st December, 1966. It is gratifying, in view of the national shortage of practising midwives, to know that midwives can be recruited and retained in this area. The average number of confinements attended by each midwife during 1966 was 31. All midwives are authorised to use their private motor cars on official business and the County Council in common with other local authorities operate an assisted car-purchase scheme for staff classified as "essential users."



Post-graduate courses were arranged for those members of the staff who were required to attend in accordance with Section B of the Rules of the Central Midwives Board—six midwives attended these courses.

All midwives are provided with gas and air apparatus, or trilene if specially required. Gas and air is being gradually replaced by entonox—gas and oxygen.

Of the 2,833 live and still births in the division during 1966 the district midwives delivered 1,113 babies—44 per cent of all deliveries, therefore, were domiciliary. The Cranbrook Committee in its report on the maternity services recommended that provision should be made for 70 per cent of all mothers to be confined in hospital. Midwives also attended 245 mothers who were discharged from hospital within 48 hours; 1,132 were discharged from hospital after this period. The proportion of early discharges was 21 per cent. This figure would appear to be abnormally high. The Annual Report of the Chief Medical Officer of the Ministry of Health for 1965 reported that 9.8 per cent of mothers in this Regional Hospital Board Area were discharged within 48 hours. Only the Sheffield Regional Hospital Board approached the North Hertfordshire Area percentage of early discharges with 19 per cent. The 1966 percentages will be of interest.

### DOMICILIARY MIDWIFERY

#### ANTE-NATAL:

Visits to Expectant Mothers	...	...	...	13,113
Home Condition Reports for Hospital	...	...	...	471
Ante-Natal Session—Local Authority	...	...	...	156
Ante-Natal Session—General Practitioner	...	...	...	821
Deliveries—Home	...	...	...	1,113
Total—Live and Still-births	...	...	...	2,490
Percentage Home Confinements	...	...	...	44%

#### EARLY HOSPITAL DISCHARGES:

Within 48 hours	...	...	...	...	245
After 48 hours	...	...	...	...	1,132
Percentage Early Discharges	...	...	...	...	21%

### HEALTH VISITING—SECTION 24

The attachment of all health visitors together with district nurses and midwives to general practitioners was completed during 1966.

The attachment is intended to increase the efficiency of both local health authority and family doctor services. The scheme is on the whole working satisfactorily and I append typical comments from health visitors:

“ I find these meetings useful in that I have got to know the doctors personally instead of just as a voice over the telephone. In general I find that family doctor liaison has made little

difference in my day-to-day visiting. I think that the benefits from family doctor liaison will be more apparent in the next few years."

"We feel that this liaison is essential and that it is working quite well. We have found no difficulty in covering the visiting because the doctors confine their practise to the immediate area."

"In this group practice with three doctors, I find it impossible to visit adequately all the families on the list. I still feel a special tie with the small area I visited before the attachment, and tend to feel that I am wasting my time travelling longer distances, especially if the person in question is out when I get there. I also find in these three areas that I know nobody and nobody knows me. In school work we shall soon find that we no longer know all the children and their home backgrounds."

"Doctors are more approachable and are getting to know us better. We do not however know the people the same; with a block area you know everyone and if anything unusual happens you are aware of it. We cannot keep track of the floating population."

"Local authorities' and general practitioners' services are now brought closer together to the mutual advantage of the doctors, health visitors and above all the patient. The general public are increasingly aware of the co-operation between general practitioners and health visitors, and from the health visitor's point of view work is more interesting. The doctors with whom I work find the liaison to their advantage. I have less time to give to routine visits. I have a larger area of ground to cover and visits have become more selective."

"More understanding between doctor and health visitor and so better help is given to people. More spread-out area and ineffective visits are very time-consuming."

The attitude appears to be generally favourable. The most common fear expressed by health visitors before attachment was that less would be known about a particular school than before. Some also found problems in getting to know new families and in passing on their old ones to new health visitors. In particular cases, more travel was involved and less visits could be carried out.

#### HEALTH VISITING

Child Welfare	...	...	Visits	...	...	38,621
Aged	...	...	Visits	...	...	2,532
Others	...	...	Visits	...	...	7,461
School Inspections	...	...	Sessions	...	...	1,645
Maternity and Child Welfare	...	...	Sessions	...	...	2,297
Others	...	...	Sessions	...	...	6,493



## HOME NURSING—SECTION 25

The staff of the home-nursing service in the division at 31st December, 1966, consisted of 39 full-time nurses and 33 part-time. The staff who are able to drive cars are either authorised to use their own vehicles on official business or have been provided with County-owned motor vehicles.

The home nurses and health visitors are often instrumental in arranging financial relief for patients through such agencies as the National Society for Cancer Relief and the Marie Curie Fund. One patient was helped by the latter in 1966 and all of the others were referred to the National Society for Cancer Relief whilst in hospital. I am grateful for the help which we receive from these voluntary organisations.

A Night Nursing Service has been established, and two State Enrolled Nurses have been employed for this purpose. The strain experienced by relatives in nursing terminal illnesses can be relieved by the provision of a nurse. Seventeen patients were attended in 1966 and a total of 71 visits were paid.

The following are statistics relating to the work of the home nurses in 1966. It will be seen that they made 45,308 visits to 1,949 patients. Nearly half of the patients nursed were aged 65 or over and they were visited on 32,580 occasions—72 per cent of all visits were, therefore, made to this age group. The overwhelming proportion of the work of the district nurse is now concerned with the over-65's and this is reflected in the increasing proportion of local authority costs for this age group. This disproportionate expenditure will continue to rise as the number of aged increases.

### HOME NURSING

Classification	No. of Cases Attended	No. of Visits Made
Medical ... ..	1,437	38,266
Surgical ... ..	464	6,933
Tuberculosis ... ..	2	48
Other ... ..	46	61
<b>TOTALS ... ..</b>	<b>1,949</b>	<b>45,308</b>
Patients included above who were aged 65 or over ... ..	933	32,580
Children included above who were 5 or less ...	50	403
G.P. Surgery ... ..	Sessions	843
G.P. Surgery ... ..	Treatments	1,749

# VACCINATION AND IMMUNISATION — Section 26

## Smallpox Vaccination

DISTRICT	1966		1965		1964		1963		1962		1961		1960		1959		1958		1957		1956		1955-50		TOTAL	
	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B
Baldock U.D.C.	-	-	28	-	3	-	5	1	-	2	-	3	-	5	4	-	7	1	2	1	2	1	6	17	49	43
Hitchin U.D.C.	41	-	142	-	42	-	14	-	8	2	3	5	-	-	-	4	2	4	1	3	1	4	2	15	256	37
Letchworth U.D.C.	6	-	384	-	40	2	22	2	10	2	10	-	1	1	2	3	7	2	3	-	2	4	16	482	37	
Royston U.D.C.	4	-	63	-	17	-	9	-	3	1	-	-	-	-	-	-	-	-	1	-	-	-	2	94	6	
Stevenage U.D.C.	17	-	541	-	160	-	80	3	26	11	11	14	9	16	7	19	4	20	10	21	3	16	26	94	894	214
Hitchin R.D.C.	10	-	68	-	24	-	7	-	2	-	-	-	-	-	-	-	-	-	-	-	1	4	-	116	-	
TOTAL	78	-	1,226	-	286	2	137	6	46	20	25	22	10	22	12	29	9	38	14	30	6	24	42	144	1,891	337

## Diphtheria, Whooping Cough, Tetanus Immunisation: Triple

DISTRICT	1966		1965		1964		1963		1962		1961		1960		1959		1958		1957		1956		1955-50		TOTAL	
	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B
Baldock U.D.C.	42	-	62	27	1	39	-	5	1	2	-	1	2	9	-	-	-	-	-	-	-	-	-	-	108	83
Hitchin U.D.C.	207	-	197	107	8	85	6	11	4	10	7	70	3	18	-	7	-	4	-	4	1	2	1	-	434	318
Lechworth U.D.C.	164	-	200	96	13	142	12	16	2	5	1	28	2	1	1	3	1	1	-	-	-	-	1	-	397	292
Royston U.D.C.	81	-	73	27	3	54	3	5	4	3	1	21	-	4	-	1	-	-	-	-	-	-	-	-	165	115
Stevenage U.D.C.	547	-	622	271	32	397	16	24	11	25	8	254	3	45	3	17	-	9	2	6	1	4	2	2	1,247	1,054
Hitchin R.D.C.	59	-	83	36	14	43	1	9	1	9	-	30	1	8	-	3	-	4	-	1	-	-	-	-	159	143
TOTAL	1,100	-	1,237	564	71	760	38	70	23	54	17	404	11	85	4	31	1	18	2	11	2	6	4	2	2,510	2,005

Note.—No cases of diphtheria have been reported for some time. It is of the utmost importance that immunity to these diseases should be maintained at a high level.

## Diphtheria and Tetanus Immunisation

DISTRICT	1966		1965		1964		1963		1962		1961		1960		1959		1958		1957		1956		1955-50		TOTAL	
	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B
Baldock U.D.C.	-	-	2	5	1	9	3	1	1	8	3	72	-	22	5	7	-	2	2	2	-	4	-	3	17	135
Hitchin U.D.C.	11	-	9	14	2	22	2	2	1	5	2	120	8	32	6	7	4	7	1	9	1	-	3	50	221	
Letchworth U.D.C.	-	-	2	16	2	6	2	4	3	7	-	238	1	69	1	16	1	9	2	11	1	2	5	20	383	
Royston U.D.C.	-	-	7	17	1	6	3	-	1	6	2	63	-	5	2	2	1	1	1	2	-	1	1	21	102	
Stevenage U.D.C.	13	-	26	18	2	29	8	11	7	25	7	405	3	106	3	28	1	18	1	8	2	4	3	2	76	654
Hitchin R.D.C.	-	-	7	-	1	6	2	-	2	6	-	63	3	17	-	4	1	2	1	1	1	1	1	18	101	
TOTAL	24	-	53	70	9	78	20	18	15	57	14	961	15	251	17	64	7	39	8	32	7	11	13	15	202	1,596

## Tetanus Immunisation

DISTRICT	1966		1965		1964		1963		1962		1961		1960		1959		1958		1957		1956		1955-50		TOTAL	
	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B
Baldock U.D.C.	-	-	-	-	-	-	-	-	-	-	1	-	-	-	4	2	-	1	-	1	-	-	2	-	7	6
Hitchin U.D.C.	-	-	-	-	-	-	-	-	-	1	-	2	3	-	3	2	3	1	3	1	1	-	-	1	13	8
Letchworth U.D.C.	-	-	-	-	1	1	1	1	1	1	1	3	2	3	4	12	3	3	1	6	4	4	18	11	36	44
Royston U.D.C.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	14	6	15	6
Stevenage U.D.C.	-	-	-	-	-	-	-	1	-	-	-	1	2	4	6	6	6	2	3	-	-	-	4	3	21	15
Hitchin R.D.C.	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	-	1	-	-	1	-	3	-	4	5
TOTAL	-	-	-	-	1	1	1	1	1	2	2	6	7	9	17	24	13	8	7	8	6	4	41	21	96	84

# Poliomyelitis Vaccination

DISTRICT	1966		1965		1964		1963		1962		1961		1960		1959		1958		1957		1956		1955-50		TOTAL	
	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B
Baldock U.D.C.	37	-	75	3	6	-	7	-	3	-	2	69	-	25	1	4	1	5	-	13	-	2	-	5	132	126
Hitchin U.D.C.	127	-	332	24	51	8	22	4	12	14	21	172	12	39	4	20	5	22	4	15	3	4	3	8	596	330
Lechworth U.D.C.	163	-	245	7	41	4	13	9	10	23	7	211	6	78	2	16	2	29	1	22	-	7	15	95	505	501
Royston U.D.C.	27	-	89	2	12	8	2	-	5	4	3	74	1	12	-	5	1	2	-	2	-	-	-	2	140	111
Stevenage U.D.C.	358	-	904	39	139	15	61	7	56	42	30	571	30	159	12	40	9	80	2	45	4	14	5	31	1,610	1,043
Hitchin R.D.C.	64	-	148	2	22	4	11	-	7	4	9	84	14	33	1	10	6	14	1	5	1	1	3	6	287	163
TOTAL	776	-	1,793	77	271	39	116	20	93	87	72	1,181	63	346	20	95	24	152	8	102	8	28	26	147	3,270	2,274
SALK Hitchin U.D.C. TOTAL	-	-	15	-	9	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	25	-
QUAD Lechworth U.D.C. TOTAL	-	-	7	1	2	2	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	10	5

## POLIOMYELITIS VACCINATION

Vaccination against poliomyelitis is now performed almost entirely by the use of Sabin oral vaccine. The old Salk vaccine given by injection should be discontinued. Three doses of vaccine by mouth are now given in the first year of life, followed by a booster dose at the age of three years.

The vaccination rate in this division is satisfactory and approaches the national average of 65 per cent.

Since the use of vaccines, deaths from poliomyelitis have been remarkably reduced. In 1965 only three deaths occurred from this cause and none had been vaccinated. This represented the lowest mortality yet recorded.

### AMBULANCE SERVICE—SECTION 27

No. of patients conveyed...	...	...	...	62,746
No. of journeys	...	...	...	18,066
Total mileage				<u>442,946</u>

#### DETAILS OF JOURNEYS:

Accidents	...	...	...	...	1,596
Sudden Illness	...	...	...	...	487
Removals	...	...	...	...	59,997
Maternity	...	...	...	...	666
Total				...	<u>62,746</u>

The divisional area is served by the County Ambulance Station at St George's Way, Stevenage. The Area Supervisor is Mr Sweetman who has kindly supplied the above statistics.

## PREVENTION OF ILLNESS, CARE AND AFTER-CARE— SECTION 28

### NURSING EQUIPMENT IN THE HOME

Issue of various forms of nursing equipment were made in 1966. These items included back-rests, bedpans, urinals and bed blocks.

A small stock of smaller items of equipment is stored at the Divisional Health Centre and the larger items are stored at County Hall.

Every use is made of disposable items of equipment such as incontinence sheets and pants for incontinent patients, and plastic syringes and disposable needles.

Enuresis alarms are made available for use with children who are habitual bed-wetters on medical recommendation.

## CHEST CLINIC

### HEALTH VISITING:

Tuberculosis Households	Visits	...	...	564
B.C.G. Follow-up ...	Visits	...	...	95
Contacts ...	Visits	...	...	273
Non-tuberculosis ...	Visits	...	...	246

### TUBERCULOSIS AFTER-CARE

The divisional area is served by the chest physician, Dr N. MacDonald. Excellent co-operation is maintained.

Miss McArthur, the tuberculosis health visitor, attends the chest clinic. The tuberculosis health visitor is concerned with arrangements for after-care and the resolution of any problems experienced by patients on their discharge from hospital. A particularly important duty of the health visitor is the tracing and visiting of contacts. Such contacts are encouraged to visit the chest physician as a precautionary measure. There were 134 contacts traced by the health visitor.

Details of the routine skin testing and B.C.G. vaccination programme are given in the School Health Service report.

All school children aged 12–13 years are now offered this protection in the division. All negative reactors receive a protective vaccine against tuberculosis and those children who show a marked reaction to the skin are referred for investigation to the Chest Clinic.

I am indebted to Dr MacDonald the chest physician for his help in this service during the year.

## CYTOLOGY CLINIC

### “ WELL WOMAN ” CLINIC—FROM AUGUST TO DECEMBER 1966

Hitchin	...	Second and fourth Wednesdays, a.m.
Letchworth	...	First and third Tuesdays, a.m.
Stevenage	...	Thursday, a.m., and Friday, p.m.

Number of women attended:	Hitchin	...	...	91
	Letchworth	...	...	106
	Stevenage	...	...	248

Total ...	...	...	445
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Results of Tests:	(a) Negative	...	433
	(b) For retest	...	12
	(c) Subsequent attendances	...	12

Results of Retests	Negative	...	12
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# CHIROPODY

## SUMMARY OF TREATMENTS

District	No. of Patients Treated			Approximate Treatments per Year
	Domiciliary	Non-Domiciliary	TOTAL	
Baldock ...	33	72	105	735
Hitchin ...	148	164	312	2,184
Letchworth ...	67	219	286	2,002
Royston ...	47	62	109	763
Stevenage ...	139	204	343	2,401
Hitchin Rural ...	136	148	284	1,988
TOTALS ...	570	869	1,439	10,073

39 per cent of patients were treated at home

## NATIONAL ASSISTANCE ACT 1948—SECTION 47

This section of the Act is concerned with the compulsory removal of persons in need of care from their homes on a Court Order, or in emergency on an Order signed by two medical practitioners and a Justice of the Peace. Such a person may be removed to a county home or hospital provided that all sections of the Act are satisfied.

It was not necessary to take any action under this section in 1966.

## MEALS ON WHEELS

Meals on Wheels Services were in operation in all parts of the division in 1966. Under the provisions of the scheme meals are provided to people suffering from malnutrition or who are unable to cook their own meals due to disability or infirmity.

District	No. of Persons	Frequency	Total Meals
Baldock ...	11-18	Twice weekly	1,433
Hitchin ...	50	Three times weekly	150 per week
Letchworth	50	Twice weekly	2,673
Royston ...	29	Twice weekly	1,491
Stevenage ...	55-62	Three times weekly	5,951
Hitchin Rural	59	Each day	3,719
TOTALS ...	268		15,417

## HEALTH EDUCATION

Health education is a transfer of what is known about health; it is the attainment of desirable individual and community behaviour patterns by means of the education process. The basic needs of a health education problem may be summarised as: obtaining the basic information, the recognition of the need for a change in the behaviour of the individual and the knowledge of the means for carrying this out by education methods. This may be compared with the teachings of Buddha whose thesis was as follows, "unhappiness exists in the world, a cause for this exists, the cause is removable, by what means can this cause be removed?" It is important in any health education programme to consider the health needs and the characteristics of the people for whom the programme is intended; many programmes have failed because of this lack of fundamental understanding.

In general, health education in the public health field is carried out in the following ways:

(1) *Individual teaching by physicians, etc.*

The patient is most receptive at the time of illness. By general practitioners and local health authority staffs.

(2) *Group teaching*

For example in maternity and child welfare, village groups, civic organisations and hospitals.

(3) *Health information services*

This is perhaps the most common method and employs films, newspapers, the B.B.C., pamphlets, etc.

It is most important that these services should be suitable for the particular audience. A useful aphorism for all those concerned in health education problems is:

"If I hear it I forget, if I see it I remember, if I do it, I know."

The health education programme in this division includes the teaching of mothercraft and general hygiene to many of the secondary modern, comprehensive and grammar schools. Relaxation classes are especially valuable for the special teaching of expectant mothers. Health education is a routine part of the work at all Infant Welfare Clinics.

A total of 37 teaching classes were held in the division in 1966. Talks on the following subjects were given in various schools, both junior and senior; personal hygiene, mothercraft, home safety, first aid and minor ailments, film strips, film slides, flannelgraphs, posters and leaflets were used. In one area of the division talks are given to the parents by the health visitors while the children are awaiting medical inspections. An experimental syllabus was arranged at one junior school and included under the general heading "rules of health," care of eyes, teeth, skin and hair; need for fresh air and exercise; the value of adequate rest and a good diet. Personal

hygiene was stressed, and talks on menstrual hygiene were given to the mothers and girls. The age groups involved were the two top classes of eleven-year-old boys and girls.

No specific health education campaigns were undertaken during 1966.

### DOMESTIC HELP SERVICE—SECTION 29

Number of Home Helps employed at 31st December, 1966, part-time ...	54
Number of Good Neighbours employed at 31st December, 1966, part-time ... ..	14

#### GROUPS RECEIVING ASSISTANCE:

	No. of Cases	No. of hours given
(1) Maternity (including expectant mothers) ...	109	2,656
(2) Chronic Sick—		
(a) aged 65-plus ... ..	363	35,716
(b) aged under 65 and T.B. ... ..	49	
(3) Others ... ..	39	
including—		
(a) Mental Health ... ..		50
(b) Tuberculosis ... ..		43
(c) Blind ... ..		3,891
(d) Miscellaneous ... ..		92
Acute Cases ... ..		614
Accidents ... ..		259
Totals ... ..	560	43,321

Sixty-five per cent of cases helped during 1966 were over 65 and 82 per cent of total hours given was to this group. In contrast 20 per cent of cases were maternity absorbing only 6 per cent of total hours.

These figures represent a nationally well marked and unavoidable trend.

It should be remembered that the domestic help service began in 1918 for maternity cases and was extended during the 1939–45 war to include the old and chronic sick. Its purpose however was still mainly directed to the care of the mother and child. Over the country as a whole today 92 per cent of the service is devoted to the care of the aged; and since 1949 the amount of help given to mothers has proportionately decreased. Constant price expenditure on the care of the latter has actually fallen in spite of an increase of 17 per cent in the number of births each year.

The total cost of the domestic help service has increased by 305 per cent since 1949 and is surpassed only by the increase in the cost of mental health (423 per cent). This is due to the very great increase in the total number of part-time home helps, the number of whole-time helps having decreased. Such an increase is the more remarkable because of the purely permissive character of this local health authority function and demonstrates the direction in which local health services are being obliged to develop. A recent survey,

for example, has suggested that the needs of the aged are not being fully met.

In our natural sympathy for old people, however, we should not forget the importance of mothers and young children to the future; nor should we attempt to replace the family and thus endanger it as a social unit.

The number of domestic helps employed in this division is clearly inadequate (54). Recruitment is extremely difficult owing to the ready availability of employment for women in this area.

The Home Help organisation constantly endeavours to attract women to the service.

## SCHOOL HEALTH SERVICE

During the sixty years of its existence the school health service has undergone many changes of emphasis. The Education Act of 1907 empowered Education Authorities to provide medical care for school children. This Act followed the work of an inter-departmental Committee of Physical Deterioration which sat in 1903. The disclosures of the Army Recruiting Office during the second Boer War had revealed that from 48 to 60 per cent of all recruits were physically unfit for army service. The years that followed the passing of this Education Act included the treatment of minor ailments and defects, the improvement of nutrition and the care of all types of handicapped children. The Royal Commission in 1889 had recommended that "feeble-minded children" who were capable of receiving education should be taught separately from the more normal pupils, and by 1899 the Elementary Education (defective and epileptic children) Act made it obligatory for all such children to be examined and assessed by a medical officer as to their suitability for education at an ordinary or special school.

The various education, mental deficiency and mental health acts which have followed the first acts have not substantially altered the principles under which the school health service works. One of the more remarkable changes during the long existence of the school health service has been the almost total disappearance of nutritional diseases. Under-nutrition has ceased to be a problem and obesity has taken its place. Most would agree that the cause of obesity in childhood is overeating by those children with a familial or hereditary tendency to store fat. In many areas it is quite clear that many children are eating two large cooked meals a day and this practice is harmful to those children with a tendency to put on weight.

The number of speech defects treated during the year continued to increase. Most were slight or moderately severe, but a minority had severe speech defects. The general shortage of speech therapists over the whole country was reflected in this division when for some little time a vacancy was not filled.

The main problems with which the division had to deal during the year were emotional and behavioural disturbances, speech and learning difficulties, respiratory disorders, epilepsy and various types of physical handicap. The infectious diseases which in the past caused the deaths of so many children are no longer a problem. It is interesting in the special schools to note the increase in the number of spina bifida cases. This would appear to be due to the survival of more babies with this condition due to modern surgical techniques.

The number of pregnancies among schoolgirls in the division, although small, should be recorded. It should be remembered that whatever the social implications of such occurrences, from a medical point of view pregnancy in girls of 15 or less is attended by some risk. During the years 1961 to 1963, four maternal deaths occurred in girls of this age group among 3,211 pregnancies.

## SCHOOL HEALTH SERVICE

TABLE I

### *Inspection of School Children 1966:*

Entrants including 8-year-olds	...	...	...	5,418
First Year Secondary	...	...	...	2,085
Last Year Secondary	...	...	...	1,678
Total	...	...	...	9,181
No. of Special Inspections	...	...	...	114
No. of Re-inspections	...	...	...	5,297
Total	...	...	...	5,411
Total Inspection	...	...	...	14,592

### *Physical Condition of Pupils Inspected:*

Satisfactory	...	...	...	9,138
Found to require treatment	...	...	...	43
Percentage	...	...	...	.5%

The percentage of children, 0.5 per cent, found to require treatment is most satisfactory. It is, however, slightly above the national average. The difference, however, is not significant. This percentage is really quite remarkable. It reflects the improved economic and social circumstances of the country as a whole.

TABLE II

### *Cleanliness and Head Infestation:*

Total No. examinations made for this purpose	...	...	50,545
Total No. found infested	...	...	80
Total percentage found infested	...	...	.16%



TABLE III

*Care of Handicapped Children:*

Whitney Wood School—E.S.N.	...	...	...	...	162 (97 boys 65 girls)
Residential School—E.S.N.	...	...	...	...	40
Residential School—Deaf or Partially Deaf	...	...	...	...	13
Residential School—Deaf E.S.N.	...	...	...	...	—
Residential School—Blind	...	...	...	...	6
Residential School—Partially sighted	...	...	...	...	8
Residential School—Delicate	...	...	...	...	5
Residential School—Cerebral Palsy	...	...	...	...	—
Residential School—Physically Handicapped, excluding Cerebral Palsy	...	...	...	...	15
Residential School—Epileptic	...	...	...	...	2
Residential School—Maladjusted	...	...	...	...	12
Mossbury Infants Special Class for partially deaf	...	...	...	...	2 girls
Mossbury J. M. Special Class for partially deaf	...	...	...	...	3 boys 2 girls
Total					270

Note: *Table II*—The percentage of children found infested was very low indeed; only 80 children out of 50,000 examined for this purpose found to be infested with *pediculus capitis* is extraordinary. It is apparent that different methods of recording infestation are being carried out; the standard that one nit constitutes an infestation is clearly not accepted by all health visitors.

TABLE IV

*B.C.G. vaccination, 13 years old and older school children:*

No. of children offered testing and vaccination if necessary	2,133
No. of acceptances	1,640
Percentage of acceptance	76.9%
Pre-vaccination Tuberculin Test—	
No. Tested	1,562
Result of Test—	
No. Positive	119
No. Negative	1,443
No. Not ascertained	88
Percentage Positive	7.3%
No. Vaccinated	1,391

Note.—The percentage of children Heaf negative is higher than the national average. The percentage of acceptances is also satisfactory; no adverse reactions to B.C.G. Vaccination were reported during the year.



## AUDIOMETRY

TABLE V

Number tested	...	...	...	...	...	...	618
Number with no loss	...	...	...	...	...	...	256

The consultant paediatrician for the area, Dr C. G. Fagg, is always available for consultation and I am indebted to him for his help during the year.

Dr Roper and Dr Gabriel have played a large part in the School Health Service and I am grateful to them also.

## HOSPITAL SERVICES

The hospital services for the area are administered by the North West Metropolitan Regional Hospital Board with the Luton and Hitchin Hospital Management Committee.

### GENERAL HOSPITAL SERVICES

North Herts Hospital  
Lister Hospital

### MATERNITY HOSPITAL SERVICES

North Herts Maternity Hospital

### CHEST CLINIC

Lister Hospital

### LABORATORY SERVICES

Public Health Laboratory, Luton & Dunstable Hospital,  
Lewsey Road, Luton

Public Health Laboratory, Tennis Court Road, Cambridge

## CHILD GUIDANCE CLINIC

New cases referred	...	...	...	...	...	...	...	118
Psychiatric Interviews	...	...	...	...	...	...	...	419
School Psychological	...	...	...	...	...	...	...	94
Psychiatric Social Workers (Home Visits and Clinic Interviews)	...	...	...	...	...	...	...	830

## SECTION "C"

*Sections "C," "D" and "E" have been compiled  
by the Chief Public Health Inspector*

### STAFF

A student public health inspector, Mr C. D. Mayes, commenced a four-year course of training from August 22nd.

### Sanitary Circumstances of the Area

#### WATER SUPPLIES

The monthly returns of samples taken by the Lee Valley Water Company have been reported to the Public Health Committee and indicate that 517 bacteriological and 41 chemical examinations have been performed.

The following extract forms part of the Lee Valley Water Company's report:

- (a) The water supply of the area has been satisfactory, (i) in quality and (ii) in quantity.
- (b) Four chemical and 71 bacteriological examinations of raw water were made. None of the latter contained *E. Coli*. With reference to treated water, you will have received the monthly reports from the Chief Chemist and Bacteriologist. The fluoride content of the various supplies within the Rural District of Hitchin is invariably recorded as 'less than 0.2 parts per million.'
- (c) The waters are not liable to have plumbo solvent action.
- (d) No positive coliform samples of treated water. No action had to be taken.
- (e) The number of properties supplied is shown on the attached schedule. It is not possible to give separate figures for those properties supplied direct from the mains and those supplied by means of standpipes.
- (f) The estimated population supplied is 22,909.

#### NUMBER OF PROPERTIES SUPPLIED

Parish	No. Props	Parish	No. Props.
Ashwell ... ..	469	Lilley ... ..	139
Barkway ... ..	169	Newnham ... ..	28
Barley ... ..	173	Nuthampstead ... ..	32
Bygrave ... ..	81	Offley ... ..	434
Clothall ... ..	36	Pirton ... ..	316
Codicote ... ..	664	Preston ... ..	100
Graveley ... ..	110	Radwell ... ..	25
Hexton ... ..	45	Reed ... ..	81
Hinxworth ... ..	72	Rushden ... ..	61
Holwell ... ..	148	St. Ippollitts ... ..	449
Ickleford ... ..	383	St Paul's Walden ... ..	294
Kelshall ... ..	38	Sandon ... ..	144
Kimpton ... ..	486	Therfield ... ..	136
King's Walden ... ..	288	Wallington ... ..	45
Knebworth ... ..	1,064	Weston ... ..	271
Langley ... ..	37	Wymondley ... ..	346
Total ...		7,164	

Other samples, taken by the Public Health Department, gave the following results:

		No. taken	Satis- factory	Unsatis- factory	Doubtful
1. Bulk supplies from—					
Lee Valley Water Co.	...	2	2	—	—
2. Private Sources	... ..	25	8	14	3
		27	10	14	3

## PUBLIC SWIMMING BATHS

There are no public swimming baths in the Hitchin Rural District, but two schools have private swimming facilities.

## SEWERAGE AND SEWAGE TREATMENT

(This section has been supplied direct from the Surveyor to Dr Hall.)

## PUBLIC CLEANSING SERVICES

In the earlier months of the year the staff position continued to cause the same kind of recruitment difficulties and anxieties as for many years past. This coincided with the introduction, from January 3rd, of the 40-hour week. When the national “squeeze” situation began to make its mark from about July onwards, it proved possible to recruit up to full establishment in September and to maintain this position to the end of the year.

The Bonus Scheme payment of 25s. per man per week has continued to operate, and without doubt has been a real factor in enabling the department’s work-load to be met.

## REFUSE COLLECTION AND DISPOSAL

During the year careful consideration was given to the possible use of Work Study and to the extension of the area of weekly collection. It was decided that the former would be of little benefit to the Council and should not be pursued further. The latter could not be implemented as additional vehicle and labour strength would be needed to support such a course, and the national financial conditions precluded this. However, it was decided that an order should be placed with Shelvoke & Drewry Ltd. for another packing-type vehicle to be delivered about May 1967. This was designed to restore the vehicles position, in that the Council would have FOUR good vehicles in regular service and these would be backed up by a good spare. To extend the area of weekly collection would require FIVE vehicles in regular service, together with a reliable spare, and five additional men. This was calculated to raise the weekly service from approximately 5,000 population to about 9,000 population.

The bulk of the Council’s tipping is done at the pit at Little Wymondley which is privately owned and operated. The search for additional tipping sites was as unsuccessful as in other years.

## REFUSE COLLECTED

Year	No. of Loads	Approx. weight of all materials collected	Vehicle mileage	(including Foreman's van and tip lorry—1964)
1961	2,148	4,214 tons	62,769	(one Paxit)
1962	1,957	4,796 „	52,877	(two Paxits)
1963	1,890	5,526 „	53,372	(two Paxits)
1964	1,813	6,617 „	53,931	(three Paxits)
1965	1,711	6,381 „	54,131	(three Paxits and Karrier packing type from June)
1966	1,689	6,721 „	52,386	(three Paxits and Karrier)

## SALVAGE

The two part-time men have continued to handle the paper and cardboard materials brought in. It is puzzling that the quantities despatched are not higher because there have been no serious limitations on materials sent to the mills during the year. The probable explanation is that the refuse collectors do not have a lot of time to concentrate upon this side of their work and lesser quantities are being brought in. It is believed that private organisations canvass houses and shops and also and this could be a factor contributing to the figures of despatches being less than was hoped.

The following figures summarise the position for the past four years:

1963—120 tons collected and sold	...	...	£978 12 9
1964—121 „ „ „ „	...	...	£1,002 0 11
1965—84 „ „ „ „	...	...	£749 16 3
1966—88 „ „ „ „	...	...	£804 14 6

## CESSPOOL EMPTYING AND NIGHT-SOIL COLLECTION

Two vehicles and four men work on this duty throughout the year. A spare vehicle is kept so that in the event of a breakdown the service can be maintained. In past years it has been the practice for the third vehicle to be crewed up at the time of peak demand—March to June—so that the waiting time for service could be kept within bounds. The gradual extension of main sewerage schemes appears to have rendered unnecessary the use of the third vehicle during the peak periods of the last two years.

From the large number of plans dealt with each year, a considerable number of properties are being provided with tank-type drainage systems. These continue to be entitled to the Council's cesspool emptying service, and it appears that the volume of work resulting from these new installations approximately balances the calls removed as a result of main sewerage systems having been provided, because two vehicles are kept busy throughout the year.

The following figures summarise the work performed:

*Number of Cesspools emptied at:*

Year	Houses in Private Ownership		Council Houses		Loads from Sewage Works	Pails Emptied
	Free	Chargeable	Free	Chargeable		
1963 ...	1,074	510	16	100	636	6,347
1964 ...	927	487	14	92	715	6,179
1965 ...	884	358	14	94	699	5,730
1966 ...	909	368	14	97	769	5,271

## PREVENTION OF DAMAGE BY PESTS ACT, 1949

The Joint Pests Control Scheme with Welwyn Rural District Council worked well for the major part of the year, but from the last days of September events of major importance subjected rodent control generally to its greatest test.

At this time it was ascertained that an agricultural worker had died from leptospirosis. This infection is known to exist in several animals, including cattle, pigs, dogs, cats, hedgehogs and also in rats. It became necessary to perform a detailed inspection of the village concerned and its surroundings to ascertain whether infestation by rats existed and, if so, on what scale. Three major centres of infestation were found along with a number of lesser degree. There was evidence to suggest that the rats were migrating into the village from the major centres.

Appropriate treatments were given as the investigation went along. All the principal facts were known and treatments had been given after about four weeks of considerable activity. It was then necessary to observe and to wait.

During November, all remained quiet. Infestation centres were watched and new ones sought, but little was found. December came and all was still quiet at the time of the Christmas holidays, but immediately afterwards another agricultural worker died.

This man lived in a small village about one mile distant from the first case. Careful inspection of this locality revealed that in the village there was only one example of a domestic small-scale infestation. The search then turned to agricultural lands some distance from the village, and in several cases evidence of rats were found.\* A suspected case, another agricultural worker, was taken into hospital and the Council's Rodent Operator also received careful treatment at this time. The Rodent Operator was seriously ill subsequently from other causes and was absent for a long period, necessitating the use of a substitute who had to be called upon at a time of great pressure and anxiety. He did a first-rate job and worked long hours to ensure that the needs of the task were met. Extra men were used to deal with the control of sewage work and it was quite impossible for many weeks to render any service to Welwyn R.D.C.

\* (From the time immediately following the second case and the discovery of the suspects, strictly speaking, the events are those of 1967, but are included for purposes of completeness of the narrative.)



Details of the work done are as follows:

SUMMARY FOR THE PERIOD 1st JANUARY to 31st DECEMBER, 1966

District	Number of Hours Worked					Total
	Sewers	Tips, etc.	Private Dwellings	Business Premises	Agric. Land, etc.	
Hitchin R.D.C.	142	810 $\frac{3}{4}$	521	132	128	1,733 $\frac{3}{4}$
Welwyn R.D.C.	—	94 $\frac{1}{4}$	225 $\frac{1}{2}$	5 $\frac{1}{2}$	—	325 $\frac{1}{4}$
	142	905	746 $\frac{1}{2}$	137 $\frac{1}{2}$	128	2,059
Other figures: Total mileage covered, 13,110 Petrol used, 386 Approx. m.p.g., 33.96						192 $\frac{1}{4}$
Time spent on vehicle maintenance, receiving instructions, reports on visits, bait handling, etc. ... ..						2,251 $\frac{1}{4}$
Total hours worked ... ..						

When events of a serious character occur it is frequently valuable to look at them in retrospect to see if there are lessons to be learned. From these months of effort there was one feature that seemed to be such a key for the future.

On a good many occasions rats were found to exist on agricultural land, and one was prompted to ask oneself why this should be so. One possible explanation seems to be that the modern methods of gathering in the harvest leave behind much useful food in the fields. Rats living in the grain find their overhead cover gone, so they move to the hedgerows. From there they enjoy an easy living from the grain residues and examples of tremendous infestation have been found in exactly such conditions. When these circumstances were brought to the notice of the farmers concerned their first thought was to plough up the fields. This only results in the scattering of a large rat population and is quite wrong.

I believe the right course to adopt is for occupiers of land to check hedgerows for rats regularly, especially after harvest. Any infestations found should be treated to the point of extinction. When hedges are clear then the fields should be ploughed. Rats rarely stay long in a locality which does not offer them food.

The other feature that contributed in a very real way to mastering the situation was the public response in notifying sightings of rats immediately. This provided a splendid opportunity to get to grips with them whilst present in small numbers only.

If, in the future, these two courses of action can be acted upon permanently the results stemming from rodent control systems should be appreciably better. Put into simple terms, this means that everyone has to be alert to the need to control rats, and if one is seen anywhere, a report giving details should be made to the local authority. Even in this scientific age, it seems that rats still carry death around with them.



## THE ANIMAL BOARDING ESTABLISHMENTS ACT, 1963

Inspections to check conditions continue to be made and the number of registered premises is still six.

## ATMOSPHERIC POLLUTION

The eight-day apparatus at King's Walden pumping station continues to provide returns to the National Survey.

## ABANDONED VEHICLES

The problem of dealing with scrap cars abandoned in the district seems to become greater every year. For some years we have had to arrange for the disposal of roughly twelve to fifteen vehicles per year, and up to the later months of 1966 it has been possible to do this without cost by using the services of a local scrap dealer. However the dealer has found that he can no longer continue to do this and a charge will have to be made in future.

During 1966 the number of scrap vehicles disposed of was probably about 30, the exact number not being known because the dealer frequently dealt with them without needing to be told.

## GIPSIES

The problem of gipsies and scrap cars are today virtually synonymous. At one time during the year colonies of gipsies took over an area of open ground, right in the centre of a village. There were about 30 living-vans on the site, not to mention the vehicles to tow these and to hold the scrap materials collected.

The area was terribly abused and the village centre was a shambles. The public outcry was considerable and was fully justified. The position was only solved when the Council threatened to proceed against the owners of the land. The gipsies were then moved on but have continued to haunt the district sporadically since a newspaper report appeared suggesting that a permanent site in North Hertfordshire was being considered.

Several meetings have been held and a number of different sites reviewed, but no works have been undertaken by the end of the year.

## OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

There has been a small increase in the number of premises registered from 73 in 1965 to 84 by the end of 1966. During 1966 about 43 per cent of the establishments received their general inspection. This is a time-consuming business as each one has to be inspected carefully against a considerable list of requirements.

## PUBLIC HEALTH INSPECTION OF THE AREA

The following summary gives details of visits made and inspections performed:

<i>General Sanitation, etc.:</i>	1965	1966
Water Supply ... ..	61	54
Drainage ... ..	501	546
Cowsheds, Stables, Piggeries, etc. ... ..	16	5
Ponds and Ditches ... ..	148	88
Tents, Vans and Sheds (including Caravan Sites, etc., Act, 1960) ... ..	193	119
Factories, Workplaces and Outworkers ... ..	84	82
Bakehouses ... ..	2	1
Licensed Premises ... ..	34	23
Refuse Collection and Disposal ... ..	310	162
<i>re</i> Derelict Cars ... ..	100	264
<i>re</i> Gipsies, Gipsy Sites, etc. ... ..	—	161
Rodent Control ... ..	103	170
Atmospheric Pollution ... ..	77	79
Schools ... ..	8	9
Shops ... ..	70	47
Petroleum Regulations ... ..	254	278
Noise Nuisances ... ..	13	14
Animal Boarding Establishments Act, 1963 ... ..	11	17
Offices, Shops and Railway Premises Act, 1963 ... ..	19	52
Home Counties (Music and Dancing) Licensing Act, 1926, Village Halls, etc. ... ..	11	9
Miscellaneous visits ... ..	66	67
<i>Housing:</i>		
Public Health Act—visits paid ... ..	520	796
Housing Acts—visits paid ... ..	332	337
Filthy or Verminous Premises—visits paid ... ..	10	23
Overcrowding ... ..	6	4
Miscellaneous Housing visits ... ..	101	107
<i>Infectious Diseases, etc.:</i>		
Miscellaneous Infectious Disease visits ... ..	22	23
Food Poisoning ... ..	2	—
Visits to Immigrants ( <i>re</i> Health Services, etc.) ... ..	24	21
<i>Meat and Food (including Inspection of Premises):</i>		
Slaughterhouse (proposed) ... ..	1	6
Butchers ... ..	31	20
Canteens ... ..	—	3
Dairies, Milk Distributors, etc. ... ..	9	11
Poulterers and Poultry Stations ... ..	30	30
Food Preparing Premises ... ..	11	38
Grocers ... ..	22	12
Ice Cream Premises ... ..	6	2
Restaurants ... ..	26	36
Mobile Shops ... ..	9	5
Greengrocers ... ..	4	2
Miscellaneous Food Visits ... ..	24	23
	<hr/> 3,271	<hr/> 3,746

## SECTION "D"

### HOUSING

On the 31st December, 1966, the number of applications on the Council's waiting list for accommodation was 489, a decrease of 30 when compared with the previous year.

During 1966 new applications registered were 224, while 254 were deleted from the lists. The latter figure was composed of 160 who were housed, including 33 at Breachwood Green who did not actually take up residence until 1967, and 94 cancellations either at the request of the applicant or on account of failure to re-register.

The Council have pursued their policy of transferring families from one type of dwelling to another of more suitable size, elderly couples or persons living alone in larger accommodation being re-housed in bungalows and flats. During the year the Council dispensed with 22 prefabricated bungalows at Knebworth, re-housing the tenants for the most part in new flats and maisonettes.

The Surveyor reports as follows regarding new building, etc., during 1966:

" New Council dwellings completed ...	...	...	100
New Housing Association dwellings	...	...	56
New Private dwellings completed ...	...	...	155
Number under construction on 31st December, 1966:			
Council	...	...	78
Housing Associations	...	...	12
Private	...	...	213

The number of Council dwellings under construction includes 32 Old Persons' Flatlets at Codicote.

Completion of 45 industrialised houses and bungalows at Breachwood Green and Codicote were delayed because of contractors' difficulties.

The modernisation of 56 pre-war Council houses at Codicote (26) and Cockernhoe (30) was completed.

Improvement Grants were approved in respect of work at 44 private dwellings."

### CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT, 1960

The number of caravans in the district on licensed sites decreased slightly in 1966—from 186 in 1965 to 177. About 90 of these are on four large sites.

### COMMON LODGING HOUSES

There are no Common Lodging Houses in the area.

## SECTION "E"

### FOOD

#### (a) Milk

The number of dairies registered remains at two.

The sampling of raw milk is a County Council function, but when necessary, on the basis of reports from the County Council of cases of *Brucella Abortus* in our district, follow-up work is done by this Council's inspectors. There were no such cases however during 1966.

(b) There are no Egg Pasteurisation plants in the district.

(c) *Food Hygiene (General) Regulations, 1960, etc.*

Information respecting food premises in the district appears below, each establishment being counted only once according to the main business being carried on:

<i>Type of Business</i>	No. in District
Grocers and Confectioners ... ..	52
Butchers ... ..	16
Bakers and Confectioners... ..	4
Fishmongers (wet fish) ... ..	3
Fruiterers, Greengrocers and Confectioners ... ..	4
Confectioners (sweets only) ... ..	5
Cafes, Restaurants and Catering Establishments ... ..	9
Public Houses ... ..	71
Off-licence ... ..	3
Premises from which Milk is sold ... ..	6
Poultry Packing Stations ... ..	3
Chemists ... ..	2
Hotels/Motels ... ..	4
	<hr/> 182 <hr/>

All premises comply with Regulation 16 of the Food Hygiene (General) Regulations, 1960. There are 113 premises to which Regulation 19 applies, and all are fitted to comply with this Regulation.

There are no premises in the district registered under the Food and Drugs Act for the Manufacture of Ice Cream, but there are 89 establishments that are registered for the sale thereof. Under the heading of the "Preparation or Manufacture of Preserved Foods, etc.," 23 registered premises are in active use. There were approximately 45 visits to registered food premises during the year.

The work of inspection and recommendation under the Food Hygiene Regulations, etc., continues, including the examination of plans submitted.

Only a very small quantity of food was condemned during the year, i.e. 6 lb. of tinned ox tongue.

(d) *Poultry*

- (i) the number of poultry processing premises within the district at 31st December is 3.
- (ii) the number of visits to these premises and one which closed during the year was 30.
- (iii) the total number of birds processed during the year was 2,680,000.
- (iv) the types of birds processed were turkeys (3,000) and broilers.
- (v) the percentage of birds rejected as unfit for human consumption was .03 per cent.
- (vi) the number of birds condemned as unfit averaged 25 per week.

(e) *Slaughterhouses*

There are no operational slaughterhouses in the district. The Ministry of Agriculture, Fisheries and Food authorised a new abattoir at Therfield in 1962, but no works of construction started during 1966.

*Factories Act, 1961*

Information in the form required by the Ministry of Labour is given in the table that follows:

1. Inspections for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises (1)	Number on Register (2)	Number of		
		Inspection (3)	Written Notices (4) (Informal)	Occupiers Prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	11	—	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ... ..	116	30	5	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ...	8	—	—	—
TOTAL ... ..	135	30	5	—

2. Cases in which defects were found:

	No. of cases in which defects were found				No. of Prosecutions
	Found	Remedied	Referred: To H.M. Inspector	By H.M. Inspector	
Want of cleanliness ... ..	—	—	—	—	—
Overcrowding ... ..	—	—	—	—	—
Unreasonable temperature	—	—	—	—	—
Inadequate ventilation ... ..	—	—	—	—	—
Ineffective drainage of floors	—	—	—	—	—
Sanitary conveniences:					
(a) Insufficient ... ..	2	1	—	1	—
(b) Unsuitable or defective	6	7	—	1	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (excluding Outworkers)	—	—	—	—	—
TOTAL ... ..	8	8	—	2	—

*Outworkers.*—There are 25 Outworkers reported in the District, employed on the making of "wearing apparel." There were no known cases of default in sending lists to the Council (Sec. 133) and no instances found of work in unwholesome premises (Sec. 134).

An additional number of 52 visits were made to factory premises, mainly in connection with storage of petroleum, smoke or noise nuisances.

**SECTION "F"—PREVENTION AND CONTROL OVER INFECTIOUS AND OTHER DISEASES**  
**Infectious Diseases (Corrected) — Age Distribution**

Diseases	Total Cases Notified	Cases After Correction	Under 1 year	1 —	2 —	3 —	4 —	5-9	10-14	15-24	25-44	45-64	65 and Over	Age Un- known
Whooping Cough	6	-	-	1	1	-	-	4	-	-	-	-	-	-
Measles ...	16	-	-	1	3	-	1	7	1	3	-	-	-	-
Dysentery ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scarlet Fever ...	3	-	-	-	2	-	1	-	-	-	-	-	-	-
TOTALS ...	25	-	-	2	6	-	2	11	1	3	-	-	-	-



# TUBERCULOSIS

## HITCHIN RURAL

No. on Register at 31st December, 1966:

	Males	Females	Total
Pulmonary ... ..	60	36	96
Non-pulmonary ... ..	8	11	19
	68	47	115

No. Removed from Register during 1966:

	Pulmonary		Non-pulmonary		Total
	M	F	M	F	
Deaths ... ..	1	—	—	—	1
Other (cured, re-diagnosed transfers of area, etc.) ... ..	4	3	1	—	8
	5	3	1	—	9

Additions to Register during 1966:

	Pulmonary		Non-pulmonary		Total
	M	F	M	F	
New Notifications ... ..	—	1	—	—	1
Other (cases restored to Register, transfers, etc.) ... ..	2	2	—	—	4
	2	3	—	—	5

New Notifications:

Age Groups—	Pulmonary		Non-pulmonary		Total
5-9 ... ..	—	—	—	—	—
15-19 ... ..	—	—	—	—	—
35-44 ... ..	—	—	—	—	—
55-64 ... ..	—	—	—	—	—
65-74 ... ..	—	1	—	—	1
	—	1	—	—	1





The Hive Printers Ltd., Letchworth, Herts